

Report of the Young Men's Health Study

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Introduction

Nationally and in Michigan, Black men are at disproportionate risk of exposure to HIV. The HIV prevalence rate among Black male Michigan residents is 866 per 100,000 persons (Michigan Department of Community Health, 2008), roughly 8 times the rate among white males and the highest among all residents. The estimated prevalence rate in Detroit is 634 per 100,000 persons--the state's highest. About 64% of Michigan's diagnosed HIV infections are among persons residing in the Detroit Metropolitan Area. According to state epidemiological profiles, Black males share a disproportionate burden of the epidemic in both the high and low prevalence areas of the state.

Among Black males in Michigan, sex with another male constitutes the largest risk-exposure category in both the out-state area, composed of the counties outside of the Detroit Metropolitan area, and in the Detroit Metropolitan area. Men who have sex with other men (MSM) also compose the largest risk group for new infections in Michigan and a group among which new cases have increased annually since 2000. In Michigan, since 2000, new cases of HIV have also increased sharply among 13 to 24 year olds. Black MSM are 48% of newly identified HIV infections among young persons. Additionally, rates of co-infection with other sexually transmitted infections have increased among young Black MSM. Taken together, these data indicate that interventions for young, Black men who have sex with men are an urgent priority for the state of Michigan. However, high-quality statewide data on the specific needs of

these young men to guide the development and selection of programs are not readily available.

To address this lack of information on needs, we conducted an in-depth study of young Black MSM throughout the state. The study had two phases. In the first phase, we interviewed 21 key informants from local community-based organizations, county health departments, the state health department, and representatives of the Michigan HIV/AIDS Council on what they saw as the key informational needs on young Black MSM. We also collected the available information on young Black MSM in the United States that had been published in research journals through 2008. Working with a group of young men from the target population, we developed an interview guide that was informed by the experiences of our young men advisors, what we had learned from our key informants and the national data. We then interviewed 197 young men from throughout the state in depth. The current report describes the findings obtained from 180 of these interviews¹.

¹ We conducted a total of 197 interviews, but 17 were unusable. Sixteen interviews were unusable because the interviewee had been interviewed on more than one occasion. One interviewee was judged by the interviewer to have provided less than truthful responses to many interview questions, so was excluded from the analyses.

THE YOUNG MEN'S HEALTH STUDY

Background

Nationally, the available research on Black MSM, including adolescent and young adult men, paints a puzzling picture. Black MSM have exceedingly high HIV prevalence and incidence rates that cannot be explained by their rates of unprotected sexual behavior alone (Valleroy, et al., 2000; CDC, 2001). Indeed, an overwhelming majority of studies find that Black MSM are no more likely to have unprotected sex than men in other groups or are found to be less likely to report unprotected sex than other men (Denning, et al., 2005; Harawa, et al., 2004; Lemp et al., 1994; McKirnan et al., 2001; Mansergh, et al., 2002; Ostrow et al, 1999; Peterson, et al, 2001; Ruiz et al., 1998; Stokes, et al., 1996). Moreover, most of these studies also suggest that Black MSM have fewer lifetime sexual partners than men in other racial groups. Although some have speculated that Blacks are more likely to avoid identifying as gay and that non-identification as gay is associated with increased risk of exposure to HIV among Black MSM, the research suggests the opposite may be the case (Millett, et al., 2006). That is, although Black MSM are less likely to identify themselves as gay, a non-gay identity is not associated with greater risk among Black men and is often associated with lower risk. Moreover, a recent study indicates that Black MSM who identify as “being on the down low” are no more likely to engage in a variety of risk behaviors than Black MSM who adopt

other sexual orientation identities (Bond, et al. 2009). Several recent studies have begun to contribute new insights on the unique issues that may contribute to risk for young Black MSM. Warren and colleagues (2007) administered a survey to 200 young men recruited through a variety of community settings. They compared the Black young men in their study with the Latino and White men and found several factors predicted engaging in high risk sexual activity for only the Black men: initiating sex at a young age, being thrown away by their family for being gay/bisexual, and having a long-term partner. Studies of the role of childhood sexual abuse and intimate partner violence also suggest that these experiences may be important risk factors for young Black MSM (e.g., Fields et al., 2008; Williams et al., 2008).

Overall, the research suggests the importance of exploring a wide range of factors related to HIV and STD testing behaviors, sexual networks, and the socio-cultural environments of young Black MSM to understand why self-reported behaviors and HIV incidence are so discrepant. Better understanding of what factors influence risk among this group and what prevention needs they possess is essential to guide the development of strategies that are likely to be effective in reducing young Black MSM's risk of exposure to HIV.

Areas of Focus

Although Blacks are roughly 14% of Michigan's citizenry, they compose the majority of residents in Detroit and 29% of the residents of the larger Detroit Metropolitan area. In the remainder of the state, Blacks are roughly 7% of the total population.

HIV disproportionately impacts Michigan's Black citizens. Statewide, 57% of Michigan's HIV/AIDS cases are among its Black residents. Furthermore, among young people with HIV/AIDS, 74% are Black. Young Black MSM compose the majority of the cases among young persons.

Michigan's AIDS epidemic is heavily concentrated in the counties that surround Detroit. Roughly 64% of the state's AIDS cases are among residents of Wayne County and its immediate surrounds. In the Detroit area, the rate of HIV/AIDS among Black males stands at 948 per 100,000 persons. About 58% of MSM with HIV in the Detroit area are Black.

Outside of the Detroit area, five counties report prevalence rates well above the average rate of 85 per 100,000 persons: Kent, Ingham, Washtenaw, and Berrien. The HIV epidemic in these counties is heavily concentrated among Black males and men who have sex with men.

The geographic profile of HIV/AIDS prevalence in Michigan for Black males and MSM provided the focus for sampling young men to participate in the study. We sampled young men so that young men in the Detroit Metropolitan area composed 60% of the final sample and young men from the out-state area composed 40% of the sample, mirroring the distribution of the epidemic in the state. In addition, we started our recruitment efforts by concentrating on the Detroit Metropolitan area and Kent, Ingham, Washtenaw, and Berrien Counties. The sampling strategy that we employed allowed us to expand beyond these initial counties, so that our sample of young men ultimately included young men residing in Genesee and Saginaw Counties.

Data Collection

All of the procedures and materials for the current study were reviewed and approved by the young men's advisors and by the committees that are responsible for safeguarding the welfare of human subjects who participate in research at Michigan State University and the Michigan Department of Community Health. The study also obtained a special designation from the Michigan Department of Community Health which provides special confidentiality protection for these data. All personnel on the project were trained in federal human subject regulations and protections prior to having any contact with participants or their data.

We used three primary strategies to recruit young men to participate in the study. First, we posted fliers and announcements about the study in bars, community-based organizations, and other venues in which our young men advisors believed that young men in the target population were likely to spend time. These fliers (Appendix One) provided young men with a phone number that they could call and an email address to which they could write if they were interested in learning more about the study.

Second, every young man that we interviewed was given three coupons (Appendix Two) that he could give to young men that he knew who might be interested in being in the study. For each coupon that was returned to us by a friend or acquaintance, we provided the young man with \$5 to thank him for his help in recruitment. His friend would in turn receive three coupons and also have the opportunity to receive up to

\$15 for recruiting additional friends to the study. Roughly 20% of the young men who participated in the study did so through the referral of a friend².

Third, we sent interviewers to locations in the communities where young men were reported to hang out. We identified these locations through our young men's advisors, internet searches, local newspapers, and the information we were obtaining during the interviews. Interviewers recruited young men face-to-face in these settings. The method by which we recruited young men is unrelated to their reports of engaging in unsafe sexual behavior.

When a young man indicated that he was interested in participating in the study, we asked him a series of questions to determine whether he was eligible to participate (Appendix Three). These questions asked about his age, racial background, state and county of residence, sex at birth, and if he had engaged in sex with a man or a man and a woman in the prior 2 years. We also asked if he had been interviewed for the study before. In addition, we asked if he had a coupon from a friend and if so how he knew the person who had given him the coupon. Young men who said that they were between the

² This system of recruitment is called Respondent Driven Sampling. It has been highly successful for recruiting populations such as injection drug users. Researchers who have tried it with populations of gay men and adolescents have had more mixed success. We believe its partial success in our study may reflect the nature of the young men's social networks and the degree to which young men limit the number of people to whom their sexual activities are known.

ages of 13 to 24, identified as Black at least in part, were born a biological male, had sex with a man in the prior 2 years, and had not been interviewed before were deemed eligible to participate in the interview. In all, we screened 352 young men, of whom 280 were eligible and 72 were ineligible. The primary reasons men who expressed interest were not eligible were because they did not meet the age requirement (53%), had not had sex within the required time frame (14%), had not had sex with men (13%), or had already been interviewed (8%). Additionally, we were unable to contact and set up interviews with many of the eligible young men because the phone numbers that they provided to us were not accurate or not in service. Interviews were conducted with a total of 197 young men, of whom 180 provided usable data.

Once a young man was determined to be eligible to participate, we scheduled an interview at a time and location that was convenient to him. Interviews were conducted at public and university libraries, community-based organizations, public parks, coffee shops, and in respondents' homes or interviewers' cars.

After the interviewers introduced themselves to respondents, interviewers provided respondents with a detailed consent form (Appendix Four) explaining to them what participation in the study entailed and outlining their rights as participants. Young men had the opportunity to ask questions and, if they were still willing to participate, young men signed the consent form and were given a copy of it for their records. Young men under the age of 18 were

not required to have the permission of their parent or their guardian to participate in an interview.

If young men agreed to be taped, the interviewer turned on the audio recorder and proceeded to conduct the interview. If young men opted not to be audio recorded, the interviewer conducted the interview and kept notes on what the young men said. Only 1 young man declined to be audio recorded. Interviews lasted an average of 70 minutes (range = 36 to 138 minutes).

The interview (Appendix Five) covered the following topics: demographic background; Black community; community of worship; family; gay, bisexual, lesbian, transgender community; Black MSM community; role models; social support; employment and housing; health service utilization and experiences; HIV knowledge and attitudes; HIV and STI screening knowledge and experiences; attitudes toward safer sex; condom use attitudes; sexual behavior; substance use; depression; body image; and exposure to violence. The interview included a mixture of open-ended questions and questions in which men chose among a set of fixed responses. At the end of the interview, young men were provided \$25 in thanks for their participation and provided with 3 coupons and instructions on how to distribute these. We also obtained information on how they would prefer that we contact them to notify them if their coupons had been returned and they were eligible to receive an additional thank you payment.

Following the interview, interviewers uploaded the digital audio recording to a

secure website at Michigan State University. Interviewers notified project staff by phone or email that the interview had been uploaded. After project staff verified that the interview had been received and that it was complete and audible, interviewers were notified to erase the recording from the audio recorder in order to protect the confidentiality of the data. The written notes taken by interviewers and the documentation of consent and of payment of incentives to respondents were picked up by project staff from each interviewer on a weekly basis. Interviewers kept the information locked in secure storage until it could be picked up by staff and securely stored in the project office.

All consents from young men are securely stored separate from their data

and no link between these forms and an individual's data exists. Contact information for each participant was destroyed once data collection concluded or once his recruitment coupons were returned, whichever came first. Audio recordings were erased once each interview had been transcribed verbatim and the accuracy of the transcription had been verified.

Data were entered by project staff into a database on a rolling basis. Data were cleaned on a rolling basis as well. Interviews conducted by each interviewer were reviewed by project personnel for quality on an ongoing basis. Interviewers received routine feedback on the strengths and weaknesses of their interviews and areas in which their performance required improvement.

Data Analysis

The qualitative data analysis process began by creating interview summaries (based on audio recordings of the interviews), which included key points and illustrative quotes by respondent for each of the 46 qualitative questions in the interview protocol. A sample of these summaries was checked for accuracy and completeness. These summaries (organized by participant on a question-by-question basis) were then copied into an Excel spreadsheet. The spreadsheet matrix of rows (individual respondents) and columns (answers to the questions in the protocol) facilitated cross-case analysis.

The coding process consisted of several steps. First, the data analyst, working question by question, read over the responses to the question to become familiar with the types of responses men provided. Using this information, common themes in the answers were identified; these themes were then collapsed into a smaller number of categories, which formed the basis for a code book. Once a code book was created, again proceeding question by question, each cell in the column (representing one respondent's answer) was color-coded according to the definitions in the code book. Some codes were not mutually exclusive. For instance, responses to the question about the ways that HIV could be transmitted included codes for behaviors such as unprotected anal intercourse, ways of coming into contact with bodily fluids such as sharing eating utensils,

and for whether the answer contained accurate or inaccurate information. Because many respondents provided multiple responses to the question, responses could be coded as belonging to all of the relevant categories. Code stability was achieved by having a second person review a sample of cases (approximately 25%) for each question; all discrepancies in coding were discussed and resolved.

The quantitative data, after being thoroughly cleaned, were initially analyzed by examining the frequency of response to each question, as well as the average (mean) response and variability in response. We computed scale scores for those sections in the interview for which creating a score was appropriate. Because we selected scales that are widely used and well validated, we followed standard procedures for how to create a score for those scales. We examined the associations between variables using a variety of statistical tests, including tests that look at the relationships between two variables in isolation, as well as more powerful tests that look at how sets of variables may be related. These more powerful tests are important because a variable such as age may be related to another variable, such as unsafe sex, when examined in isolation of other variables, but have no significant association with unsafe sex when other variables are taken into account.

Study Participants

One hundred and eighty young men completed an interview and provided usable data. Roughly 41% of the young men lived in the outstate areas and 59% were from the Detroit Metropolitan area. Outstate men resided in Ingham (15%), Genessee (10%), Kent (7%), Washtenaw (4%), Berrien (4%) and Saginaw (1%) counties.

The young men ranged in age from 14 to 24, with an average age of 20 years old. About 23% of the respondents are 18 years old or younger. Data in national studies on the age at which Black men report they are comfortable disclosing that they have sex with men to others indicates that they typically do so between the ages of 16 to 18, so the age distribution that we find in our sample is consistent with this pattern of admitting one's attractions as a late adolescent or emerging adult.

About 93% of the young men had a gender identification of male and the remainder identified as women or androgynous. About 74% had adopted an identity as gay and 22% identified as bisexual. The remaining 3% identified as straight or were unsure of their identity. We compared whether there were differences in how men identified by age and found no differences. That is, younger men were no more or less likely to adopt a particular sexual orientation identity such as gay than were older men.

Approximately 50% of respondents had experienced homophobia or

discrimination at some point in their lives (either as an isolated incident or on an ongoing basis). About 33% reported that their sexual orientation identity did not influence others' treatment of them. Some said they were not treated poorly due to their sexual orientation because they are not "out," whereas others said that people knew of their sexual orientation identity, but it did not affect how they were treated.

Although over half of the respondents reported that they had positive feelings about their sexual identity, about one in six men who felt positively now admitted that there had been a time when they felt negatively about, wished to change, or struggled to come to terms with their sexual orientation identity. For some, it had been "a long road" to self acceptance, but, in the words of one participant, "Now I can breathe in my own skin."

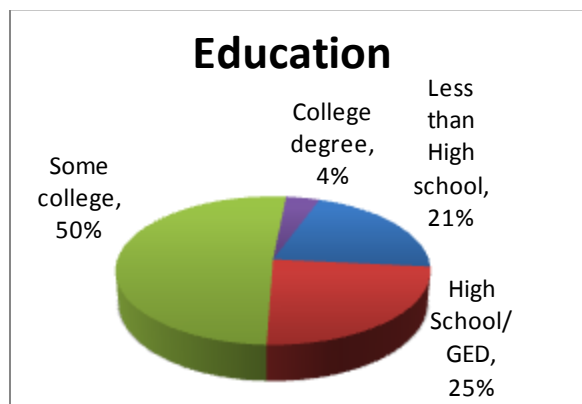
In response to a question about the influence of sexual orientation identity on the risk of contracting HIV, over half of respondents stated that being gay or bisexual increased their risk of HIV. As one young man stated, "everyone knows being gay heightens your risk." About 25% of respondents believed that their sexual orientation identity had no effect on their risk of contracting HIV. In the words of one respondent, "If you're promiscuous, you're promiscuous. If you're unprotected, you're unprotected. Period".

Daily Living

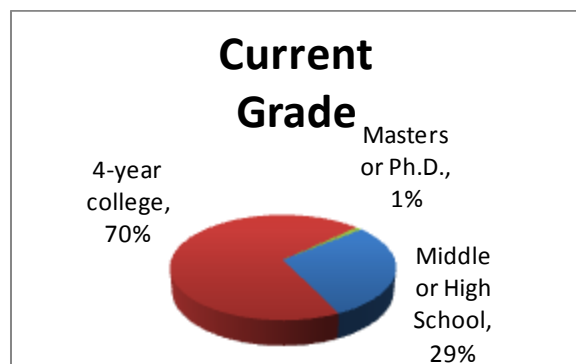
Increasingly, researchers find strong evidence that people with less education, fewer economic resources, and unstable housing face greater challenges in protecting themselves from exposure to HIV and accessing resources to remain healthy. These are important issues for young Black MSM in Michigan given the state's poor record of educating its young Black men effectively and in light of the state's dire economic condition. Therefore, we sought to understand the socio-economic circumstances for young Black MSM in the state as part of our needs assessment.

Education

About 25% of the young men had completed high school or obtained their GED. About 21% had less than a high school education at the time we interviewed them. About 50% had completed some college and about 4% had obtained a college degree.



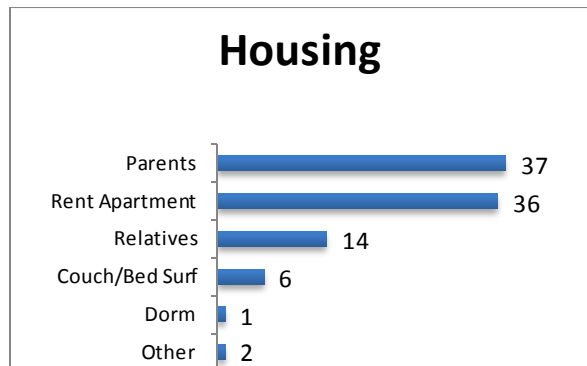
Sixty-two percent of the young men were still in school at the time of the interview. Roughly a third of those who were in school were in high school and about 70% were in college or vocational school.



Housing

Roughly 94% of the young men had stable housing at the time of the interview. Among these young men, most lived with their parents or another relative or rented their own apartment.

There were no significant differences in housing stability based on area of residence, age or sexual orientation identity.



Financial Well-being

About 59% of the young men had a job at the time of the interview. The modal or most commonly reported number of hours men worked was 40 hours a week. The average monthly income men reported was about \$1,100 or the equivalent of \$13,200 a year. The median income was \$870.

We asked men to indicate the main reasons that they did not work, if they were not currently employed (n=74; 41%). The top reason men provided was difficulty finding a job (n=38; 53%).

Going to school was also a common reason (n=27; 38%). Transportation difficulty was reported by 11% of those who were not working. Other reasons for not working included health; being laid off or fired; being too young; needing to take care of a son, daughter or parent; having a criminal record; and being transgendered.

Young men who lived in the Detroit Metropolitan area were less likely to be employed than those who lived in outstate areas.

Family and Community

Every individual lives out his life in a community context that may impact him in a myriad of ways. For young Black MSM, family and community life may be especially challenging if their sexual orientation is stigmatized. We asked young men about how they experience the larger communities in which they participate to understand the strengths and challenges of living life as a young Black MSM in Michigan.

The Black Community

A majority of respondents reported that they felt good about themselves, loved themselves and were proud of their racial background. For example, one young man said “I love myself. I love that I’m Black;” this sentiment was typical among respondents. Another summed up the feelings of many respondents, saying, “Being Black has nothing to do with choices I make...what I do, where I go, who I like.”

One third of respondents indicated that they had experienced negative treatment as a result of their racial background, while half reported that they did not believe that their racial background had affected how others treated them. A small percentage thought they were typically treated better than others due to their racial background.

When asked how their race affected how they were treated by partners, over half felt that being Black did not affect how they were treated. As one young man said of his partners, “I don’t think they really think about what color I am.” There were, however, those who believed that being Black did make a

difference. Their responses were divided among those who believed that they were treated poorly because of their race (such as being stereotyped or objectified), and those who believed that they were actually treated better because of their race, including being seen as “special.”

In response to a question about the influence of race on the risk of contracting HIV, nearly half of respondents stated that their race increased their risk of exposure to HIV for a variety of reasons, including that, according to one respondent, “sometimes the African American community is so ignorant about HIV awareness and protection.” Over a third of respondents believed that their race had no effect on their risk of contracting HIV. One respondent pointed out that “HIV isn’t just a Black person’s disease,” and another added, “AIDS doesn’t have a name written on it, or a race...[it] depends on how you protect yourself.” Overall, respondents perceived themselves to be more at risk of contracting HIV because of their sexual orientation than their racial background.

Family of Origin

When asked who they counted as “family,” a sizeable majority of respondents named at least one member of their immediate natal family. Mothers were mentioned most often, followed by siblings, and then fathers. Nearly half named members of their extended family, grandparents being the most frequently named.

Most respondents classified their relationship with their family as positive; however, about 20% described their relationship with their family of origin as partially or completely negative. Those with mixed and negative feelings either got along well with some family members and not others, or were on good terms with their family at some times but not others. One respondent described his relationship with his family as “like the wind blows.” Among those respondents who disclosed some negative feelings about or interactions with family members, their sexual orientation identity was often cited as a source of conflict or tension. One young man summed up the feelings of many, stating that he is “the grey sheep of the family” (i.e., not quite a black sheep). Another, echoing a theme in many of the interviews, explained that in his family his sexual orientation identity is “the elephant in the room” and rarely discussed. About 25% of respondents reported that same-sex attractions and sexual orientation were never openly discussed in their family.

Approximately a quarter of respondents had gotten mixed messages about same-sex attractions and behaviors from their family. Though some family members were accepting, many were not. Family members were reported to say they accepted same-sex attractions but were perceived by young men to act in ways that suggested otherwise. For instance, one mother was reported to have told her son she loved him regardless of his sexual orientation identity and then sent him to therapy to try to change his sexual orientation.

About 33% of respondents stated that in their family same-sex attraction was spoken about negatively. Among these respondents, the sentiments that their family members expressed echoed those of the religious communities in which young men participated. One young man summed it up as, “It’s wrong. It’s not right. You’ll go to hell.” Another respondent observed that in his family same-sex attractions are so strongly stigmatized that his grandmother “won’t even say the word” homosexual. Yet, a majority of respondents perceived some members of their families as supportive of them overall, even though sexual orientation identity was commonly cited as a source of tension between respondents and family members who were not perceived to be supportive.

GLBTQ Community

About two-thirds of young men reported they were part of a sexual minority community, herein after referred to as GLBTQ. Of those who are members of a GLBTQ community, about 66% of respondents felt supported by these communities. Many respondents reported that people in these communities are nonjudgmental, understanding and can relate to one another. As one participant explained, the other members of his GLBTQ community are “just like me...they understand.” Some respondents described other members of the community using terms such as “family” and “second family,” suggesting that

these are very tight-knit groups. When asked who they considered to be family, approximately one out of every six respondents named members of their GLBTQ community.

Not all respondents expressed a positive view of GLBTQ communities. Though these respondents felt included and supported at different times or in certain situations, they characterized members of the GLBTQ communities they identified with as “gossipy” and judgmental and believed that the community was not united. As one young man explained, “It’s like, every man for himself.”

Communities of Worship

About 87% of the young men reported that they had been a member of a place of worship at some point in their lives and more than half (52%) were still members of a place of worship. Of the respondents who were former members of a religious community, nearly half cited factors related to their religion's or congregation's intolerance regarding same-sex issues as their reason for leaving. In the words of one respondent, "Religious hypocrites tend to cater the word of God for their own benefit. The Church will overlook the crack head sitting in the hall and preach against the gay man who is the most upstanding individual in the community." Another respondent quipped that he could not exactly go to church and say, "Hi, I'm gay, and I'm here to worship God." Other commonly cited reasons for leaving the church were being too busy, having moved, not having found a church in which they feel comfortable, and family issues.

Among respondents who were or had been members of a religious community, many said that they were not out at church. These men said that their church was supportive of them except in regards to their sexual orientation. As one respondent explained, "they do not know who I am." Fewer than 25% of those who were church members reported feeling

supported at their place of worship. Almost 20% did not feel at all supported at their place of worship. The remaining 55% had mixed feelings regarding how supported they felt at their place of worship.

The majority of respondents stated that their place of worship was openly negative about same-sex attraction, labeling it "unnatural," "a sin," "an abomination," and a "straight path to hell." Only 10% of the respondents who attended church reported that homosexuality and same-sex attraction was rarely discussed in their place of worship. By contrast, more than half the respondents reported that HIV/AIDS were rarely or never mentioned in their place of worship. Some indicated that when HIV/AIDS was discussed in church, it was associated with same-sex attraction or other so-called deviant behavior. Over 20% of respondents had heard HIV/AIDS explicitly referred to as an effect of same-sex attraction. One young man indicated that his place of worship preaches that "AIDS is a gay man's disease." Other places of worship were reported to discuss HIV/AIDS as "God's punishment" or as the work of the devil. A small minority of respondents reported that their place of worship taught safer sex practices and abstinence.

Peers

When respondents were asked with which peer groups they hung out and where, the most common answers were GLBTQ friends and groups, and the people who participate in GLBTQ settings and events, such as houses, balls, and various community centers. Most respondents became involved with these groups through their social network (a friend, family member or partner), through the GLBTQ community, or through school or work. Some also listed clubs and the Internet as their means of introduction to the groups with which they hang out. Respondents listed straight friends, family members, classmates and co-workers as people with whom they spent their time.

When asked to name the groups in which they felt the safest, protected and respected, family was the most common response, followed by the GLBTQ community and finally, friends. Many respondents talked about how their family knew them, "ha[d] [their] back," and would always be there. In the words of one respondent, "family is everything." Reasons for citing friends and the GLBTQ community were similar: they can relate, they accept you as you are and won't judge you, they allow you to be yourself.

The most commonly named groups in which respondents felt *unsafe*, *unprotected* and *disrespected* were the Black community and their religious community. Many respondents believed that people in the Black community and religious communities are homophobic.

A small number of respondents reported that they felt least safe in the GLBTQ community, which they perceived as backstabbing, self-serving, and untrustworthy. In the words of one respondent, "Gay people aren't friendly, at all. They can be just as hateful as any group."

Hang Out Locations	N	%
Bars and Clubs	129	72
Restaurants/Coffee shops	124	69
Parks	82	46
Private parties	76	42
Public Entertainment	53	29
The gym	41	23
Friend or Family residence	40	22
Participants' residence	39	22
LGBT center	38	21
Outdoor activities	12	7
Artistic, musical, and literary activities	12	7
Campus or school centers	12	7
Work	2	1%
Balls	1	< 1

Young men reported that they hung out in a variety of places. The majority reported hanging out at bars, clubs restaurants and coffee shops. Almost half of participants also frequented parks and private parties. About a third of participants hung out in public entertainment arenas such as movie theatres, shopping venues, bowling alleys, skating rinks, and arcades. About 25% of participants said that they hung

out at the gym, friend's and family member's residences, their own residence, or a GLBTQ center. Finally, a small number of participants mentioned activities such as hiking or walking;

artistic/musical/literary activities such as jazz clubs, poetry readings, pottery class, or bookstores; campus or school centers; and work.

Role Models and Mentors

We asked young men who they looked to as role models and mentors. Over 67% of respondents cited a family member as a role model. Friends, members of families of choice, and public figures were also commonly named. Public figures to whom young men looked up included many different types of people: political figures (Malcolm X, Martin Luther King Jr., Barack Obama, Michelle Obama, John F. Kennedy, Robert Kennedy); entrepreneurs (Bill Gates, Russell Simmons, Kimora Lee Simmons); motivational speakers and authors (Les Brown, Jack Canfield/Mark Victor Hansen); actors and TV personalities (Marlon Brando, Robert DeNiro, Judge Judy, Barbara Walters, Elizabeth Hasselbeck, Sherri Shepherd, Joy Behar, Whoopi Goldberg, Oprah Winfrey, Jim Carrey, Tyler Perry); models (Kimora Lee Simmons, Tyra Banks, Shemar Moore); musicians (Donny Hathaway, Beyonce Knowles, Whitney Houston, Mariah Carey, Britney Spears, Tionne Walkins, Destiny's Child, Puff Daddy, Janet Jackson, Erykah Badu, Maxwell); multi-racial openly gay blogger B. Scott; Princess Diana; and John Rhymes (an advisor of leadership groups for young Black men). Role models were often admired for their accomplishments and personal traits, and were seen as "doing stuff with their life." Common themes that made

people role models to young men included the role model having overcome adversity, being a good parent and provider, providing financial and emotional support, and teaching important life skills or character traits. Some respondents admired their mothers for raising children on their own. One participant reflected, "She has been my mother and father for 23 years. I learned how to be a woman from her and I learned how to be a man from her." Being successful in vocational and educational pursuits was also a frequent theme among reasons for admiring these individuals.

The majority of participants reported that their role models and mentors were influential in providing advice and inspiring respondents to do the right thing. Some respondents considered what their role model would think or do before making decisions. Many young men indicated that they asked for feedback or advice from those role models and mentors with whom they had a personal relationship. Role models and mentors sometimes influenced respondents to better themselves and do the right thing. As one participant explained, his role models remind him that he has "too much good in life" to be caught up in drugs, violence, or other kinds of trouble.

HEALTH INFORMATION AND SERVICE UTILIZATION

An important theme for the providers with whom we spoke in the initial stages of preparing to conduct this study concerned gaining a better understanding of what resources young men presently used for health information and care and how young men perceived these sources. We asked young men how they learned about health issues, what resources they used for care, and whether they perceived these as places that were safe or unsafe.

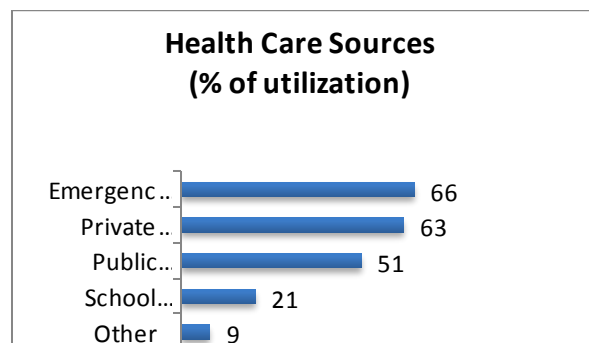
Sources of Information

Most respondents identified word of mouth and talking to people as their primary source for health information. Respondents spoke with family members, friends, classmates, coworkers and medical personnel. In some cases, positive peer pressure was at work, as in the case of one young man who explained that "if friends suggest something, I'll be more likely to follow it." A wide variety of GLBTQ/HIV outreach groups and events were also frequently named as sources of information. Specific groups mentioned

included Mpowerment Detroit, the Ruth Ellis Center, the REC Boyz, Affirmations, HARC, Planned Parenthood and the Midwest AIDS Prevention Project. Media was mentioned slightly less often and included mentions of the Internet, TV, and printed materials such as books and magazines. Other respondents cited such divergent sources of information as personal experience, sexuality education or health classes, the streets, prison, and church.

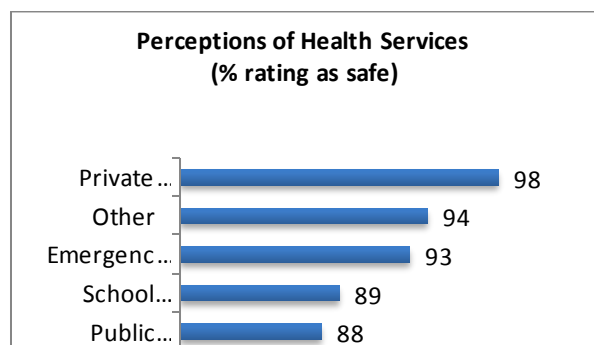
Sources of Care

We asked young men to tell us where went when they needed health services. The number one place young men listed was the emergency room, endorsed by 66% of respondents. Private physicians were the next most common source of care, followed by public health clinics. Other named sources of care included school clinics (21%), CBO services (6%), and adult relatives (2%).



Perceptions of Care

During the interview, young men rated sources of care on how safe or unsafe they felt using these sources.



As depicted in the chart, private doctors were viewed as the safest sources of care and school health centers/nurses and public health clinics were viewed as the least safe.

Among the respondents who sought health care through a private doctor, the quality of care and staff were the most commonly cited reasons for going to a private doctor; confidentiality, privacy and safety were also cited. Many respondents explained that they felt safe and comfortable with their doctor because they had been seeing the same doctor for years, sometimes even since birth.

Those who had sought care at public health clinics had mixed feelings about seeking care there. Most felt confident in the staff, quality of care, confidentiality and safety, but some had negative feelings about public clinics being widely accessible to the public and very busy.

Some respondents worried that the hectic pace of public clinics would increase the probability of errors. Others complained that clinics were hard places in which to develop relationships with and trust the staff. As one respondent complained, "they will help you, but they just help you to get you out of there." Those who perceived clinics as unsafe said that these settings were less confidential and private, that staff was less knowledgeable and competent, and that they were not as clean or safely located as private services.

Several respondents indicated negative perceptions of school nurses and health clinics, citing concerns with the quality of care. Some young men believed that the standards of care were lower at school clinics than at other places and that the staff had to work there because they were too incompetent to work anywhere else. The other major concern cited was a lack of confidentiality or privacy. Many respondents worried that they would run into someone they knew at the school clinic.

Concerns about emergency rooms were similar to those regarding public health clinics and included quality of care, large patient loads, medical errors, long waits, and germs. One respondent, explaining his concern about the long waits, claimed that "sometimes you can lay dying in the emergency room." Another said "I've heard stories about them taking organs."

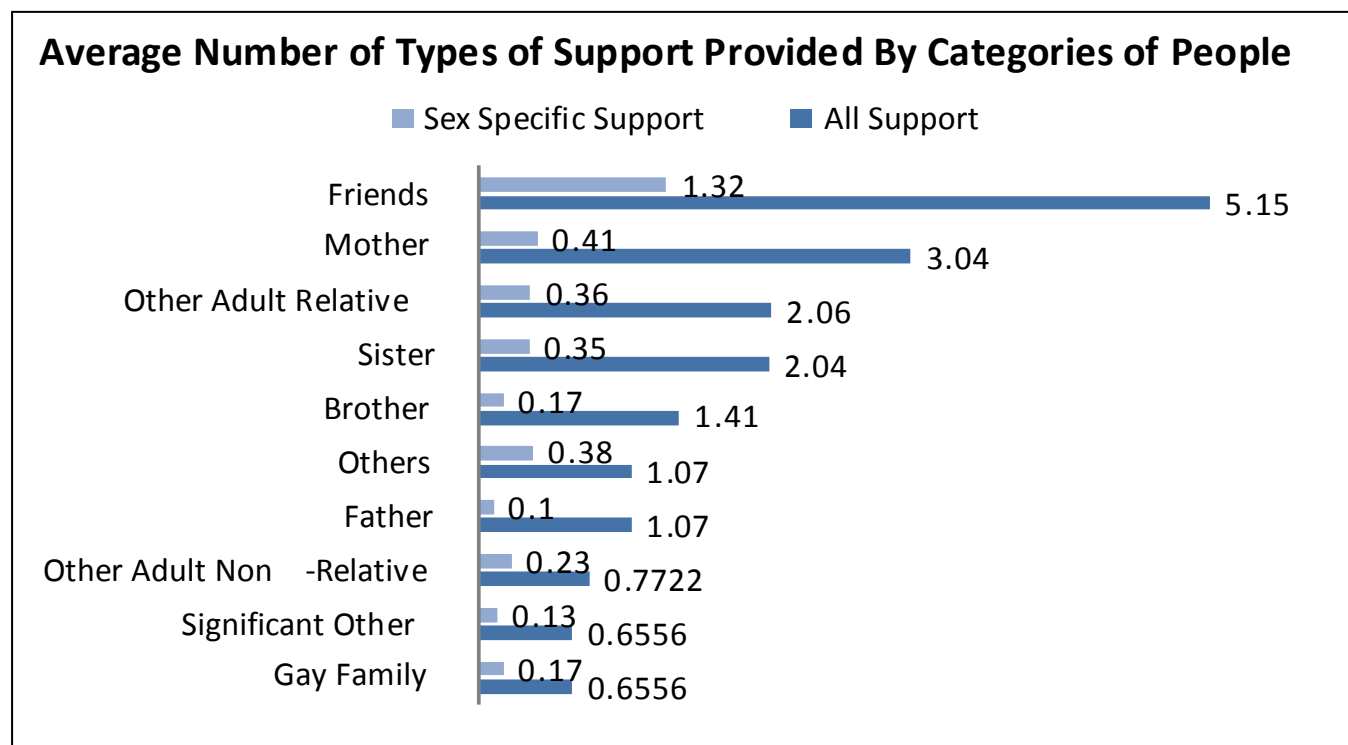
MENTAL HEALTH

Mental health concerns are often overlooked for young people and may have a significant impact on their ability to engage in behaviors related to preserving their physical health. We asked about whether or not young men had the support in their lives from others that is necessary for mental health. We also asked about mental health issues that may be especially salient for young Black MSM.

Social Support

We asked young men about who is available to them for eight distinct types of social support, including advice, assistance, money, and information. Friends, mothers, other adult relatives, and sisters are the primary sources of general social support. For sexual

matters, friends were mentioned most commonly as sources of social support. Fathers, adult non-relatives, partners, and gay family members were not frequently mentioned as sources of any of the forms of social support about which we inquired.



Depression

Participants responded to the Center for Epidemiological Studies Depression Scale (CES-D). The scale is designed to measure depressive feelings and behaviors within the past 7 days. Scores equal to or greater than 16 indicate a clinically significant level of psychological distress. Among respondents, the average depression

score was 15, one unit below the level that indicates a clinically significant level of psychological distress. Moreover, 33% of young men had a depression score of 16 or greater. Rates of depression were higher among the outstate men compared to Detroit area men.

Body Image

Young men were asked three questions related to their body image. Ninety-one percent of young men reported being satisfied with their body and 96% felt

they were physically attractive. However, 60% reported that at times they wish they could change the way their body looks.

Violence and Trauma

We asked young men to report on a range of traumatic experiences. If young men had experienced any of these sources of trauma, we asked them how old they were the first time it happened and who perpetrated the particular form of violence against them. On the average, respondents had experienced 6 of the 11 traumas about which we asked.

Types of trauma experienced by participants included physical, sexual, emotional, and financial abuse. As we display in the table on the next page, the majority of participants reported being physically assaulted, confronted, or threatened. On the average, these physical assaults were first experienced as young teenagers. Fewer respondents reported being assaulted by a weapon (30%). Peers, family members, and other individuals were the most frequent perpetrators of physical assault. Peers

and others were the most common perpetrators of assaults with weapons. Intimate partners were not a frequent source of threats or physical assaults.

About a third of young men (32%) had been sexually assaulted and 40% were victims of attempted sexual assault. Young men reported their first sexual assault occurring on the average at the age of 10 years old. Family members and other adults were the most common perpetrators of sexual assault, whereas peers and other adults were more likely to attempt a sexual assault. Intimate partners were not a frequent source of sexual assaults.

Emotional trauma emerged as the trauma experienced by most participants, with 73% of men reporting being intentionally put-down, 70% emotionally abused, 63% publicly ridiculed, and 51% excessively

monitored. In general, family members and peers were the most frequent perpetrators of emotional abuse. Intimate partners were reported as perpetrators of emotional abuse at a higher frequency than for physical and sexual abuse.

Thirty-seven percent of young men reported being threatened with loss of financial support. Family members were the most likely to have threatened participants in this manner, typically when men reached the age of majority.

Event	% Experienced	Average Age	% Reporting as Source of Perpetration			
			Family	Sexual Partner	Peer	Other Individual
Physical assault	66	12	33	12	36	31
Physical threat	51	15	22	15	23	44
Confrontation	63	14	17	12	58	21
Assaulted with weapon	30	16	15	17	35	37
Sexual assault	32	10	40	9	14	44
Attempted sexual assault	40	15	18	14	35	35
Emotional abuse	70	16	42	24	54	9
Excessive monitoring	51	17	44	40	19	7
Public ridicule	63	13	21	6	74	13
Put downs	73	13	22	5	74	16
Financial threats	37	18	89	12	0	3

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

Young Black MSM have seldom participated in studies which explore what they know about HIV, HIV testing, and whether or not they view HIV and testing for it as personally important.

Perceived importance

We asked young men to indicate the seriousness of HIV for young Black MSM. Over 90% rated HIV as a serious or very serious problem. About 49% said that their Black MSM friends were worried or very worried about acquiring HIV. About 97% said that preventing themselves from being exposed to HIV was a high personal priority. The small minority of respondents who did not indicate that avoiding exposure to HIV

was a high personal priority cited several other factors that they considered more important. These concerns included relationship factors (keeping or pleasing a partner), sexual factors (their enjoyment of sex), avoiding pregnancy and STIs other than HIV, and factors unrelated to sexual behaviors (including staying in school and being successful).

Knowledge and Understanding

When asked to name the methods of HIV transmission, all participants were able to identify sexual contact or sharing needles as one method. About 67% mentioned body fluids, such as blood, semen, and vaginal fluids as possible sources of exposure to HIV, and approximately 33% knew HIV could be acquired in infancy either by being passed from an HIV-positive woman to her unborn child or through breast milk. However, nearly 33% reported inaccurate information. Fighting with an open wound, having a haircut, sharing food or drinks, eating food prepared by infected food service workers, and contact with saliva were all reported as sources of exposure to HIV. Alarming, a few respondents were under the false assumption that sexual activities such

as unprotected oral sex and vaginal intercourse were completely safe.

When asked what treatments are available for HIV/AIDS, about 67% of respondents listed some form of medication or medical care as a treatment. Common answers included "pills," "drugs," "antiretrovirals" and "shots." About 33% could not name any form of treatment. These respondents either said that they did not know of any treatments or that none were available. Some respondents expressed their belief that there is currently a cure for HIV/AIDS that is not being made available to the general public, either due to its limited availability or to the high cost. One respondent believed a cure was being withheld because HIV is

being used as a method of population control. Some young men held misconceptions about effective treatments for HIV. Respondents reported Depo-Provera (birth control),

herbal treatments, blood transfusions, a vaccination, antibiotics, radiation, steroids, and dialysis as effective treatments for HIV/AIDS.

Testing and Screening

When asked what they had heard about HIV testing, about 67% identified blood draws and oral swabs as methods of HIV testing; about 33% mentioned a finger prick.

About 92% of young men said that they had been tested for HIV and about 77% said that they had been screened for an STI other than HIV. Of those that had been HIV tested and reported how they had been tested, most reported receiving a finger prick, with the oral swab being the least frequently reported method. More than 33% of those who had been tested admitted to being nervous about going for HIV testing or getting their results. They talked about how “nerve wracking” it was to have to wait for their results. In the words of one respondent, “the wait is what kills you.” Young men also worried that they might have been exposed to HIV at some point. As one respondent explained, you “always think you don’t have it, but that one time, with that one guy...” The stress of waiting for results was one reason many respondents stated that, if they were to be tested in the future, they would prefer a rapid test. A fear of needles was another frequently cited reason. Some stated that they would prefer the Rapid test. Many respondents who indicated a preference for the blood draw perceived it as a more accurate test, while those who preferred a finger prick cited both faster results and a fear

of needles as the reason for their preference.

Of those respondents expressing a preference for HIV testing locations, a very slight majority would prefer to be tested at a public health clinic or health department. One respondent tested at a clinic stated, “I liked the way they did it. It was very confidential.” Others would want to be tested at a private doctor’s office or GLBTQ or HIV organization. About 33% of respondents felt that all HIV testing locations were equally safe. About another 33% identified places with certain characteristics as safer. These characteristics included attentive, reliable, knowledgeable staff that treat clients well; confidentiality and privacy; cleanliness; good security; accuracy; and a comfortable environment. Some respondents identified certain types of places as safer, including hospitals, doctor’s offices, community-based organizations, and the health department.

Approximately equal numbers of respondents (both about 20%) had a positive experience as had a negative experience testing. The remainder felt neutral about their experience or had mixed feelings: either they expressed no feelings about it and simply described what the test involved, or they talked about both positive and negative aspects of the experience. Descriptions

of the actual testing experience ranged from “simple, easy, fast” to “an hour of doing tricks and acrobatics” to “the most painful thing in the entire world.... like a Pap smear on crack.” Positive aspects of the experience mentioned include knowing their status, finding out they did not have any STIs, being comfortable, knowing results were confidential and having positive interactions with the staff. Staff was described as friendly, fun, reassuring, laid back, and knowledgeable. These providers were noted for taking care of participants, explaining everything before performing

the test, and praising respondents for getting tested. However, some respondents reported that the staff was rough and unfriendly, the test was awkward or painful, and that they were afraid of needles, scared, nervous, and did not know what to expect, all of which made the experience unpleasant.

Attitudes toward condoms and protected sexual activity

Most young men expressed reasonably positive attitudes toward condom use, scoring an average of 48 on a scale that runs from 12 to 60 and on which 12 is a highly negative attitude toward condoms and 60 represents a highly positive attitude toward condoms. Men who always used condoms had significantly higher scores on the condom attitudes scale. Over 64% of men indicated the brand of condom used was important.

A minority of respondents felt that there was nothing difficult about always practicing safer sex. Of those who reported that it was sometimes difficult, nearly half cited issues with condoms as a challenge to practicing safer sex. Condom issues included worries about breakage, not having condoms available, and not wanting to use condoms in certain situations or for certain activities. One respondent explained that “nobody wants to use a condom for foreplay...you don’t wanna put that in your mouth.” Almost 33% of young men listed not thinking clearly as

a barrier to using condoms, whether it was due to drugs, alcohol or just being “horny” or “in the mood.” In the words of one young man, “sometimes, it’s just, you’re caught up in the heat of the moment and discretion goes out the window.” Other obstacles to safer sex included factors related to partners, such as when one-time or casual partners do not want to use condoms, a situation which sometimes caused young men to take risks. Some respondents reported that they or their peers did not use condoms during oral sex, including with people they did not know, because they do not perceive it as risky. As one respondent explained, “If a partner didn’t want me to use condoms during oral sex, to please him I would say ‘fine’, but tell him next time we have to use a condom. I would compromise.”

Some respondents reported being in long-term relationships and being tempted or pressured to not use condoms with their partner, or feeling

that they did not need to use condoms. Family members, friends and peers were the most frequently cited influence on safer sex practices. A number of GLBTQ and HIV organizations were also cited as influential. Other sources of influence included medical personnel, the media, role models, teachers, God and members of their religious community.

Forms of influence included helping or reminding participants to be safe and aware of the possible negative consequences of unsafe sex. Many participants stated that others often gave them condoms, reminded them to “strap up,” and encouraged them to get tested, or taught them about safer sex and gave them advice. One young man’s grandmother preached safer sex, including telling him, “don’t eat girls out.” An awareness of the possible negative consequences of unsafe sex was also a motivating factor for many. In the words

of one respondent, “the fear of HIV is my driving force.”

Some respondents addressed the unique challenges of being Black MSM. In the words of one respondent, Black MSM are handling a lot and juggling a lot from our families and society, so “a little extra tenderness there would be cool.” The Young Men’s Health Study itself was also a frequent topic of comment. Many respondents expressed appreciation for the study and talked about how important it was. Others appreciated the chance to share their experiences and be heard, including one who said, “the survey was cool... we actually get to express...a piece of you, with someone who actually wants to hear it.” Another respondent commented, “This is great...I feel like I’m like a part of something....Everyone wants to change the world, but no one ever does anything. Maybe I’ve helped bring us one step closer, who knows?”

RISK BEHAVIORS

Although data on older Black MSM indicate low rates of risk behavior relative to men in other racial groups, few studies explore the sexual and drug-related risk behaviors of adolescent and young adult Black MSM in detail.

Sexual behavior

About half of the young men in the sample reported initiating sex at age 14 or younger and 96% had sex by the time that they turned 18. Ninety-four percent of men also reported that they had engaged in sex in the prior year. Men reported they had an average of 5 partners in the prior 12 months (range of 1 to 35, with an outlier reporting 150). Among those who had sex in the prior year, 86% reported having male partners only. Fewer than 1% of men reported having female partners only and 13% reported having both male and female sexual partners. Seventy-four percent of men reported that they had used a condom the last time they had sex.

Ninety-four percent of young men reported that they had had sex in the 90 days prior to the interview. The average number of partners over the prior 90 days was 2 (range=1 to 30). Of the 359 partners with whom the young men had sex in the prior 90 days, 20 were female and 339 were male.

Among those having sex in the past 90 days, 10% (n=15) reported vaginal intercourse. Among those who had

vaginal intercourse in the prior 90 days, men had vaginal sex an average of 12 times (range = 1 to 90). Over half of the men reported that they used a condom on each occasion of vaginal intercourse. Almost a third of the men reported never using condoms during vaginal intercourse.

The majority of men having sex in the past 90 days reported that they had anal intercourse (96%, n=146). Among those who had anal intercourse in the prior 90 days, men had anal intercourse an average of 13 times (range = 1 to 100). Fifty-six percent of men reported that they used a condom on each occasion of anal intercourse. Twenty-nine percent used a condom some or most of the time, 8% rarely used a condom and 7% never used a condom during anal intercourse.

Regarding oral sex, 92% (n=143) reported of men reported that they had engaged in this activity an average of 15 times over the prior 90 days. Eighty-eight percent of men said they never or rarely allowed their partner to ejaculate in their mouths or ejaculated in their partners' mouths.

Sexual partners

We asked men to provide a detailed account of up to three sexual partners and the sex that they had engaged in with each of these partners in the last 90 days.

Sex Partner Characteristics

Eighty-six percent of men provided information about at least one sexual partner with whom they had engaged in sex in the past 90 days; 47% reported a second partner and 24% reported a third partner.

The overwhelming majority of partners were male. Ninety-six percent of first partners, 97% of second partners and 91% of third partners were male.

The average age of all three partners was 23, but the age range of first partners was greatest, ranging from a low of 14 to a high of 44. The age ranges for second and third partners were 16-37 and 15-37, respectively. The average difference in age between respondents was small: three years for first partners and two years for second and third partners.

Respondents overwhelmingly selected partners of the same race, but third partners were less likely to be Black and more likely to be white than first and second partners. Seventy-six percent of first partners, 79% of second partners and 70% of third partners were Black.

Thirteen percent of first partners, 11% of second partners and 23% of third partners were white. About eleven percent of first and second partners, and 7% of third partners fell into the racial category “other”.

First partners were more likely to be regular partners than casual or one-time partners. Fifty-nine percent of first partners, 32% of second partners and 21% of third partners were regular partners (i.e., someone with whom men had an ongoing relationship). In contrast, 28% of first partners, 47% of second partners and 44% of third partners were casual partners. Similarly, 13% of first partners, 21% of second partners and 35% of third partners were one-time partners.

Men were more likely to have first had sex more than 90 days ago with regular partners than with casual or one-time partners. The percentage of men reporting that they initiated sex more than 90 days ago was 50% for first partners, 46% for second partners and 42% for third partners. (For more detailed data on the characteristics of sexual partners, refer to Appendix Six)

Sexual Behavior with Partners

Given that the vast majority of partners with whom men had had sex in the past 90 days were male it is unsurprising that insertive and receptive anal intercourse

were much more common than vaginal intercourse. The percentage of men who reported engaging in insertive anal sex in the last 90 days was 65% for first

partners, 51% for second partners, and 41% for third partners. The percentage of men who reported engaging in receptive anal sex was 69% for first partners, 52% for second partners, and

Insertive anal sex

Men who had engaged in insertive anal sex in the past 90 days did so with greater frequency with first versus second or third partners. For first partners, the average number of times was 12 (range = 1-180); for second and third partners it was four and three times, respectively (range 1-20 and 1-10).

A majority of men reported ever having used condoms during insertive anal sex; the percentage did not vary substantially across partners (80% with first partners, 76% with second partners and 82% with third partners). Of the men who had ever used a condom during insertive

anal sex, they did so 91% of the time with first partners, 95% of the time with second partners and 94% of the time with third partners.

Drug and alcohol use were common among men who engaged in insertive anal sex. Forty-three percent of men reported ever using alcohol or drugs during insertive anal sex with first partners; the figures for second and third partners were 43% and 38%, respectively. Men who ever used drugs or alcohol during insertive anal sex did so 57% of the time with first partners, 70% of the time with second partners and 76% of the time with third partners.

Receptive anal sex

As with insertive anal sex, men reported engaging in receptive anal sex more frequently with first partners than second or third partners. For first partners, the average number of times was 11 (range = 1-89); for second and third partners the averages were three and five times, respectively (range 1-30 and 1-35).

A majority of men reported ever using condoms during receptive anal sex, and the percentage increased across the type of partner, with use being lowest with first partners and highest with third partners (79% with first partners, 85% with second partners and 90% with third

partners). Of the men who ever used a condom during receptive anal sex, they did so 90% of the time with first partners, 93% of the time with second partners and 97% of the time with third partners. Taken together, these figures suggest a trend toward more frequent condom use during receptive anal sex with second and third partners, who are more likely to be casual or one-time partners.

Men frequently engaged in alcohol or drug use during receptive anal sex. Thirty-nine percent of men reported ever doing so with first partners; 35% with second and third partners. Among men

who ever used alcohol or drugs during receptive anal sex, use was more frequent with second and third partners than first partners. Whereas alcohol or drugs use occurred 60% of the time with first partners, it occurred 85% of the

time with second partners and 91% of the time with third partners. In contrast to the results for condom use, these findings suggest a trend toward more risky behavior with casual or one-time partners.

Vaginal sex

Among men who engaged in vaginal sex, the frequency of vaginal sex was higher with first and second than third partners. For first partners, the average number of times in the past 90 days was 17 (range 1-90); for second and third partners, the averages were 11 and 2 times, respectively (range 2-28 and 2-2).

Of the men who engaged in vaginal sex, half (50%) reported ever using condoms; this percentage increased across partners. Whereas men used condoms 50% of the time with first partners, use increased to 67% for second partners and 100% for third partners. Among men who reported ever using condoms during vaginal sex, they

used them 100% of the time with first partners, 39% of the time with second partners and 100% of the time with third partners.

A majority of men reported ever using drugs or alcohol during vaginal sex-- 50% of the time with first partners, 100% of the time with second partners and 25% of the time with third partners. Of the men who had ever used drugs or alcohol during vaginal sex, they did so 83% of the time with first partners, 54% of the time with second partners, and 50% of the time with second partners. (For more detailed data on sexual behavior with partners, refer to Appendix Six.)

Sex for Trade

Of those who had sex in the past 12 months, about 8% (n=13) reported they had been given drugs, money, food, clothes, or a place to stay in exchange for sex. Those trading sex had done so

an average of 5 times in the prior year (range 1-15). About 29% of the young men said that they used condoms rarely (n=2) or often (n=2) during these encounters.

Drug and alcohol use

We asked men to report on how many times in the prior 90 days they had used alcohol and a variety of drugs and how often they used these substances. None of the young men reported recent injection of drugs.

We asked men to complete a scale comprised of 9 questions which provides a standardized clinical assessment of whether or not their use of alcohol or drugs is problematic. The most common problems with alcohol or drug abuse reported were riding in a car driven by someone who was high or had been using alcohol (78%), using alcohol or drugs to relax, feel better, or fit in (50%), and using substances alone (40%). These items were summed to create a scale ranging from 0-9; the average score for the participants in this study was 3.1; a score of 2 or greater

indicates a need for clinical intervention to reduce problem substance use. Problematic substance use was more common among outstate men than men in the Detroit area.

Substance	% use in prior 90 days
Alcohol	75
Marijuana	47
Cocaine	3
Crack	0
Inhalants	3
Ecstasy	6
Ketamine	0
Hallucinogens	<1
PCP	0
Heroin	0
Stimulants	<1
Benzodiazepines	4
Opioids	4

PREDICTORS OF SEXUAL RISK

Multivariate analyses were used to determine which of the risk behaviors and other contextual factors described above are the strongest predictors of

Unprotected anal intercourse

The first measure of sexual risk--*unprotected anal intercourse*—was coded to indicate whether respondents used condoms all of the time versus inconsistently or never. The multivariate analyses revealed that those who were significantly more likely to use condoms consistently included men who identified as bisexual or heterosexual, those who reported they were part of the GLBTQ community, and those who reported increased positive attitudes towards

two main types of sexual risk—unprotected anal intercourse and unprotected oral sex.

condom use. Failure to consistently use condoms during anal sex was predicted by having been sexually assaulted and substance abuse. (See Appendix Six for details.)

Unprotected oral sex

The second measure of sexual risk, *unprotected oral sex*, was coded to indicate how frequently respondents allowed sexual partners to ejaculate in their mouths—never or rarely to all of the time. Membership at a place of worship was a significant predictor of avoiding unprotected oral sex. Those who had never been a member or who were former members of a church were significantly more likely to have unsafe oral sex when compared to men who

were current members of place of worship. Geographical location was also associated with unprotected oral sex. Young men living in the Detroit Metropolitan area were significantly more likely to have had risky oral sex when compared to those living in the rest of the state. (See Appendix Six for details.)

CONCLUSIONS

These data paint a picture of young Black MSM in Michigan that reflects national data on older Black MSM in many ways. The data show that many young men are well adjusted, successfully engaged in school and work, and have positive relationships with friends and family. We find that young Black MSM in the state are enmeshed in a wide variety of local settings including schools, churches, work, and recreational and entertainment venues, so could be reached with prevention messages through many mainstream settings and channels. However, we also find that some of these settings are not perceived as safe or comfortable for young men and that young men have relationships to important others that are strained by non-acceptance and rejection of their sexual orientation. Specifically, young Black MSM report mixed experiences within their racial community, families of origin, and churches.

Although young men report a greater sense of safety and acceptance in GLBTQ settings than settings such as church, GLBTQ settings are not uniformly perceived as welcoming and safe. In examining young men's narratives about safety and acceptance and their reports regarding where and by whom they feel most supported, these data suggest that young men are heavily reliant upon the community of their peers. Strong reliance on peers may be a double-edged sword as these data also illustrate that peers may not always be a source of accurate HIV-related information and that peers may also not engage in optimally safe sexual practices. On the other hand, in the absence of peer support, our data suggest young men would have little in the way of support beyond a handful of relatives.

These data show that young Black MSM in Michigan report a range of experiences in

seeking health information, care, and testing services. Young men indicate that they go where they feel safe and can develop a relationship with a consistent provider. Men report that many places are perceived as safe, however young men also report concerns about several providers that have the potential to play an important role in HIV prevention and access to testing and STI screening, such as public clinics and school clinics, settings to which many young men might have easiest access.

Young men report a range of experiences with regard to care seeking, with themes that define more ideal experiences as those in which their privacy is well-protected, care is provided in a timely and unhurried fashion, relevant health information is well explained, facilities are clean and comfortably appointed, and staff demonstrate competence, caring, and trustworthiness.

Although many of the young men are proud of who they are and display strong positive self-regard, a troubling aspect of our data concerns the mental health of a sizeable minority of the young men. A significant minority of the young men with whom we spoke is experiencing clinically significant levels of depression and at rates that exceed what would be normative for young men in this age range. Men outside of Detroit report poorer mental health than men in Detroit. Additionally, far too many of the young men report being exposed to a diversity of traumatic experiences as adolescents and young adults. Equally troubling is that, on the average, this sample of young men report clinically significant levels of problem substance use. Problem substance use, like depression, was more common among outstate residents than Detroit residents.

A majority of the young men reported they had been exposed to threatening and physically abusive behavior, typically beginning in early adolescence, and to emotionally abusive behavior, such as being humiliated publicly, during this same period. As men matured, excessive monitoring of their whereabouts and loss of financial assistance occurred for many young men. Loss of financial support may be particularly challenging for young men, given the low average income reported among those who are working and the fact that about 40% of young men were unemployed.

Young men reported coerced sexual experiences starting at an average age of 10, typically at the hands of family members and other adults. Consistent with other studies of MSM, we found that being a sexual assault survivor was associated with engaging in unprotected sexual intercourse. A consistent body of evidence indicates that among adult MSM, HIV positive status is strongly associated with having a sexual assault history. The very high rate of assault in this sample is of particular concern in light of the degree to which it is associated with later acquisition of HIV.

On the whole, young men are concerned about HIV and most recognize that they are at risk of exposure to it. Men also possess relatively positive attitudes toward condoms, even though young men report a range of challenges in using condoms each and every

time that they have sex. Those men with more positive attitudes are more likely to use condoms when they have sexual intercourse than are men who have poorer attitudes toward condoms.

Men's self-reports of sexual behavior suggest that unprotected sexual intercourse is far more frequent than is desirable. Nearly half of the young men have had two concurrent sexual partners in the 90 days prior to being interviewed. According to their self-reports, men were less safe with their casual and one-time partners than with their steady partners, though rates of condom use could be improved across all types of partners. Among those men who do report recent vaginal intercourse, condom use is lower than with male partners. We also found that young men made their sexual debut early, with half reporting their first sexual experience occurred before they were 14 years old and probably before they had significant exposure to relevant, MSM-tailored HIV prevention information. Early sexual initiation is a documented risk factor for multiple partners, poorer contraceptive and safer sexual practices, and STIs.

Taken together, the data we have collected underscore the importance of increased prevention activity directed specifically toward young Black MSM.

RECOMMENDATIONS

The data we have collected suggest several directions for HIV prevention for young Black MSM in Michigan:

One recommendation that emerges from these data is the need to merge HIV prevention efforts with effective and culturally appropriate mental health services and with services that are tailored to the needs, concerns, and experiences of sexual assault and child sexual abuse survivors. The rates of depression, problem substance use, and exposure to trauma, particularly sexual violence, that young men reported merit focused attention as part of Michigan's HIV prevention strategy. In this sample, assault survivors and those who used substances abusively were more likely to have unprotected sexual intercourse.

A second recommendation concerns the need to enhance HIV prevention targeted to teenaged young men, to increase their knowledge about HIV and enhance their skills to reduce risk for transmission. These data show that the average young Black MSM engages in first sex in middle school. Research has found consistently that using protection at first sex dramatically increases the odds of consistent use of protection in subsequent sexual activities. Assisting young men to make their sexual debuts safely and with adequate information and support may increase the likelihood that young men move into young adulthood with protected sexual intercourse and avoidance of swallowing ejaculate as ingrained habits.

A third recommendation focuses on concentrated efforts to improve the perceived safety of providers that are essential to an effective public health HIV infrastructure, notably public and school-based clinics. A majority of the young men we interviewed

are in high school, college, or vocational school. Among those who are employed, incomes are not high and a sizeable minority is unemployed. Public and school health clinics have the potential to become better used resources for young men, if improved to accommodate young men's need for privacy and concerns regarding trust, provider competence, and unqualified acceptance of their sexual orientation and identity.

A fourth recommendation focuses on increasing the diversity of sources of social support for young men and reducing sources of stigma in the many daily settings in which young men participate. Most young men appear to benefit from the acceptance provided in GBLTQ communities and by the access to relevant health information they may find in these settings. Although the GBLTQ community is not uniformly viewed positively, young men indicate that it provides an important counterpoint to their experiences of places such as their church, which men characterize as non-accepting and as failing to fulfill leadership in providing accurate and comprehensive information on HIV and effective methods of prevention.

A fifth recommendation concerns marshalling men's reliance on their peers for support and information so that peer influences are used to facilitate accurate HIV knowledge, positive condom attitudes, and use of safer practices. Peers may also be effectively employed to intervene regarding mental health and substance abuse issues. A parallel effort could be made for adult role models and mentors, particularly those with whom young men have the opportunity to interact directly.

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Appendix One. Recruitment Fliers.

HIV is the 5th leading cause of death among Black men in Michigan. Help us understand how to stop it.



Researchers at Michigan State University are looking for young African American men, aged 13-24 to participate in the **Young Men's Health Study**, a research study sponsored by the Michigan Department of Community Health.

Participants in the **Young Men's Health Study**:

- Will be interviewed for approximately 1 hour at a location of their convenience.
- May earn up to \$40.00.

To be eligible for the study you must be:

- African American
- Born male

- Aged 13-24
- Sexually active with men or men and women

CALL or EMAIL NOW to Participate!

Young Men's Health Study: (517) 353-9965
ymhs.msu@gmail.com

Each year 17 out of 100 young Black gay and bisexual men become infected with HIV. Help us learn how to stop the trend.



Researchers at Michigan State University are looking for young African American men, aged 13-24 to participate in the **Young Men's Health Study**, a research study sponsored by the Michigan Department of Community Health.

Participants in the **Young Men's Health Study**:

- Will be interviewed for approximately 1 hour at a location of their convenience.

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- African American
- Born male
- Aged 13-24
- Sexually active with men or men and women

CALL or EMAIL NOW to Participate!

Young Men's Health Study: (517) 353-9965

ymhs.msu@gmail.com

Did you know Black men are the #1 risk group for HIV in Michigan? Help us learn how to stop the trend.



Researchers at Michigan State University are looking for young African American men, aged 13-24 to participate in the **Young Men's Health Study**, a research study sponsored by the Michigan Department of Community Health.

Participants in the **Young Men's Health Study**:

- Will be interviewed for approximately 1 hour at a location of their convenience.
- May earn up to \$40.00.

To be eligible for the study you must be:

- Aged 13-24
- Sexually active with men or men and women

- African American
- Born male

CALL or EMAIL NOW to Participate!

Young Men's Health Study: (517) 353-9965

ymhs.msu@gmail.com

Appendix Two. Recruitment Coupons.

YOUNG MEN'S HEALTH STUDY	
If you are African-American and between the ages of 13 and 24, please participate in our research.	
You may be eligible to earn up to \$40.	
CALL or EMAIL NOW !	
Phone: 517-353-9965	
E-mail: YMHS.MSU@gmail.com	
Coupon # S-000-000-000	
Expiration Date: XX/XX/XX	

Appendix Three. Screening Instrument.

Young Men's Health Study

Prescreening Form

Hi, thank you for calling the Young Men's Health Study. Researchers from Michigan State University are conducting a study on the sexual health of young men in Michigan. As part of this study, we are conducting face-to-face interviews with young men.

QUESTION	ELIGIBLE	INELIGIBLE
1. To start, I will need your coupon number to determine your eligibility? May I have your coupon number, please? <div style="text-align: center;">_____</div> <div style="text-align: center;"><i>Coupon #</i></div>	<input type="checkbox"/> Yes "Great. Thanks." <i>Proceed to the next question.</i>	<input type="checkbox"/> No "Could you locate your coupon and call back, please? Thank you."
2. Can I ask you a few questions to see if you are eligible to participate in the interview? Your responses will be kept completely confidential.	<input type="checkbox"/> Yes	<input type="checkbox"/> No "Unfortunately, I am unable to determine your eligibility without asking more questions. Thank you for your time."
3. Which of the following best describes your relationship with the person that gave you this coupon?	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Partner <input type="checkbox"/> Other _____	
4. Have you ever been interviewed for this project before today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. How old are you? <div style="text-align: center;">_____</div> <div style="text-align: center;"><i>Age</i></div>	<input type="checkbox"/> 13 – 24	<input type="checkbox"/> <13 or >24 <input type="checkbox"/> Declined to answer
6. How would you describe your racial background?	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to answer
7. Regardless of how you think about yourself now, were you born male or female?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
8. Now I need to ask you a few questions related to your sexual behavior. I won't ask your name and all your responses will be kept completely confidential. Is it all right if we continue?	<input type="checkbox"/> Yes <i>Proceed to next question.</i>	<input type="checkbox"/> No <input type="checkbox"/> Declined to answer "Unfortunately, I am unable to determine your eligibility without asking more questions. Thank you for your time."

9. Have you had sexual contact with anyone in the last 12 months? By sexual contact I mean vaginal, oral, or anal sex with another person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Declined to answer
10. Has this sexual contact been with men, women, or both?	<input type="checkbox"/> Men <input type="checkbox"/> Both men and women	<input type="checkbox"/> Women only <input type="checkbox"/> Declined to answer
11. Do you currently live in Michigan?	<input type="checkbox"/> Yes ZIP Code_____	<input type="checkbox"/> No <input type="checkbox"/> Declined to answer
12. <i>Interviewer: Is this person eligible to participate?</i> <i>Eligibility is determined by having all responses fall under the eligible column.</i>	<input type="checkbox"/> YES “Thank you very much for the information you provided. Based on your answers to these questions, you are eligible to participant in the interview. Are you interested in setting up a time to meet?” <i>If yes, set up an interview within the next 10 days.</i> <i>If no, “Thank you for your time. If you change your mind, please feel free to call back again.”</i>	<input type="checkbox"/> NO “Participants for this research project are selected based on the questions you were just asked. Based on your answers, it turns out you’re not eligible to participant in the interview. Thank you for taking the time to speak with me.”

13. We have interviews being conducted in several cities in Michigan. Would any of the following cities work for you?

- ☐ Ann Arbor
- ☐ Benton Harbor
- ☐ Detroit
- ☐ Grand Rapids
- ☐ Lansing

In city (NAME OF THE CITY) we have interviews being conducted at the following places. Would any of them work for you? Which one?

Locations to meet will be placed here.

Which one would you like to

Personal Information

Name: _____
Phone 1: _____
Phone 2: _____
Email: _____
Date of interview: _____
Time of interview: _____
Location of interview: _____
Interviewer assigned: _____

Appendix Four. Informed Consent Document.
Consent Form for Participation of Human Subjects in Research
Michigan State University

Project Title: Statewide needs assessment of young African American MSM: The Michigan Young Men's Health Study

Primary Investigator: Dr. Robin Lin Miller
Associate Professor
Department of Psychology
Michigan State University
East Lansing, MI 48824

What is this Project About?

You are being asked to participate in a research study. The purpose of this research is to learn more about how young African American men who have had sex with men think about their sexuality, sexual health, and risk for HIV infection. We would like to learn about the role that sex plays in your life and the lives of your peers. We are also interested in learning about other factors that may affect your risk, such as drug use and sources of stress in your life, and to hear your opinion on ways to help you remain safe from exposure to HIV. We are interested in interviewing you to learn more about these issues so that people who work on HIV prevention in the state can improve their ability to lower the rates of HIV among young men your age. This research is being performed by researchers at Michigan State University (MSU) in collaboration with the Michigan Department of Community Health and with a team of young African American men who have sex with men from around the state who helped us to design the project and the questions that we want to ask you.

What is Involved in Participating in this Project?

If you volunteer for this research study, you will be asked to participate in one interview. It will take approximately 1 hour to complete. During the interview I will ask you questions about your sexual history. I will also ask questions about HIV and other sexually transmitted diseases, as well as how you and your peers think about sexual orientation and identity. Other questions I will ask about include questions about your relationships to people in your life such as your family, your experiences of health care, your drug use behaviors, your mental health, and different kinds of violence that you may have experienced. All of these questions are very personal. But we think they are important to ask about so that we can understand the things that may put young men at risk of HIV and other sexually transmitted infections.

Your participation in this study is completely voluntary. In other words, it is up to you if you want to participate. If you do want to participate, you can decide not to answer any question and you are free to stop the interview at any time with no penalty or negative consequences. Your participation will not affect your relationship with the state of Michigan, MSU, or any other institution.

At the end of the interview, I will give you \$25 to compensate you for your time. You will still receive the \$25 if you refuse to answer some of the questions or if you decide to stop the interview and end it early. At the end of the interview, I will also ask you to help us by recruiting up to three other men who you know who might want to participate. For each of those young men who are eligible to be in the study, have not

already done the interview, and who decide that they want to participate in it, we will provide you an additional \$5 to thank you for your help in making the study successful.

Also, if it is okay with you, I would like to tape record the interview. I would like to tape record the interview because I will not be able to write down everything you say. The only people who will listen to the tape are the members of the research staff. To keep the information you tell us private, during the project we will keep the tape in a locked file cabinet in a locked room. We will destroy the tape once we have typed out what you said. Your name will not appear anywhere on the typed out copy of the tape recording. You can also have me turn off the tape recorder at any time.

What Are the Potential Risks and Benefits of Participating?

The topic of sex is very sensitive and it may be upsetting for you to talk about your experiences. All of the interviewers in this project have been trained on how to be respectful of individuals' sexual experiences. You may experience some loss of privacy and discomfort in answering questions.

Remember, if there are any questions that you do not want to answer, you do not have to; you can stop the interview at any time or you can request that we do not use some of your answers to certain questions. If you would like to take a break from the interview, you can. You can ask that the tape recorder be turned off at any time. There will not be any negative consequences for these requests.

A potential benefit is having the opportunity to share your experiences and opinions. Some people have told us that they appreciate our interest and concern in these issues. Additionally, the valuable information that you share may help us learn about ways in which we may be able to promote the sexual health of sexually active African American young men.

How Will Confidentiality Be Protected?

All information that you give us will be kept strictly confidential and private. Your name or any information that could identify you will not be used by us except to contact you if a recruitment coupon is returned to us by someone you know. Once all your coupons are returned or we have completed interviews with 180 men, we will destroy your contact information. We will assign you a number that will be used to mark your interview and the interview tape, until the tape is destroyed. Your interview will be kept in a locked file cabinet in a locked office. Your identity will not be revealed in any reports of what participants in the interview said; instead, all of your information will be combined with the rest of the participants' information and reported as a group. Your privacy will be protected to the maximum extent allowable by law.

After the interview, a research assistant will type up a copy of the interview. Until this paper copy is made, the tape will be kept on a secure computer in a locked room. Once this paper copy is made, the tape will be destroyed. On this paper copy of the interview, you will be given an identification number so that your real name appears nowhere in print other than on this consent form. This form will be kept in a separate room in a locked file and will not be linked to the information that you provide in the interview. In any written reports of the interview data, data from all interviews will be combined and anywhere we use quotes you will be referred to by your identification number. The identities of all research participants will remain anonymous. The data will be kept for 5 years in order to allow time for analysis and report writing. After this time, all records will be destroyed. Only the research staff and the Institutional Review Board (IRB) will have access to the data.

If you age 17 or younger and at any time indicate to us that you have been a victim of physical or sexual abuse, maltreatment, mental injury and/or neglect by an adult known to you, then we must file a complaint with Child Protective Services. We will only use your name in such a report if you give us permission to do so. Child Protective Services may then investigate the report further. In the event of a request for further investigation your confidentiality will be protected to the maximum extent allowable by law. We will only file a complaint with Child Protective Services if the adult is known to you and if the adult has not already been charged with the crime that is reported.

Who Can Be Contacted With Questions?

If you have any questions as we proceed through the interview, please ask me. If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact Dr. Robin Lin Miller, Department of Psychology, 134A Psychology Building, Michigan State University, East Lansing, MI 48824-1118. Email: mill1493@msu.edu. Phone: (517) 432-3267.

If you have any questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously if you wish – MSU’s Human Research Protection Programs, at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 202 Olds Hall, MSU, East Lansing, MI 48824.

You will receive a copy of this form to keep for your records.

Permission to Participate:

I voluntarily agree to participate in this research study.

Participant signature

Date

I voluntarily agree to be tape recorded.

Participant signature

Date

Appendix Five. Interview Protocol.

Young Men's Health Study

Interview Guide

Spring 2009

Conducted by
Michigan State University
Funded by
Michigan Department of Community Health
Version February 18, 2009

Date: _____
Interviewer Initials: _____
Coupon #: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Start Time: ____ am pm
End Time: ____ am pm

Young Men's Health Study Interview Guide

Thank you for taking the time to talk with me today. Before we begin, I need you to turn in your coupon. I also need to obtain your consent to be part of the study. [HAND INTERVIEWEE THE CONSENT FORM]. This form explains this research project and your rights as a participant. You will get a copy of this form to keep.

- The purpose of this research is to learn more about how young African American men who have had sex with men think about their sexuality, sexual health, and risk for HIV infection. This research is being performed by researchers at Michigan State University (MSU) in collaboration with the Michigan Department of Community Health and with a team of young African American men who have sex with men from around the state who helped us to design the project and the questions that we want to ask you.
- If you volunteer for this research study, you will participate in one interview, which I will conduct today. It will take approximately 1 hour to complete. During the interview I will ask you some very personal questions such as your sexual history, drug use behaviors, sexual orientation and identity, and your relationship with your family.
- Your participation in this study is completely voluntary. In other words, it is up to you if you want to participate. If you do want to participate, you can decide not to answer any question and you are free to stop the interview at any time with no penalty or negative consequences.
- At the end of the interview, I will give you \$25 to compensate you for your time. I may also ask you to help us to recruit other young men into the study. If I do, you can earn up to \$15 for helping us to recruit other young men.
- Also, if it is okay with you, I would like to tape record the interview.
- There are no known risks from participating, though you may experience some loss of privacy and discomfort in answering some of the questions.
- A potential benefit is having the opportunity to share your experiences and opinions.
- All information that you give me will be kept strictly confidential and private. Your name or any information that could identify you will not be used by me or the other people doing the research except to contact you if a recruitment coupon is returned to us by someone you know.
- The audio recording tape will be kept on a secure computer in a locked room. The audio recording will be destroyed once we have typed up your answer to the interview. Your typed answer will not contain your information, only a made up identification number.
- If you are 17-years old or younger and at any time indicate to me that you have been a victim of physical or sexual abuse, maltreatment, mental injury and/or neglect by an adult known to you, then I must file a complaint with Child

Protective Services. Your name will not be used, unless you authorize me to do so. In the event of a request for further investigation, your confidentiality will be protected to the maximum extent allowable by law.

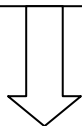
- If you have any questions as we proceed through the interview, please ask me. If you have concerns or questions about this study after our interview, please contact Dr. Robin Lin Miller. Her name and contact information is on the form.

Do you have any questions?

Would you like to complete the interview? [IF YES, obtain signature and give participant a blank copy of the consent form for his records. Also, collect the coupon if you have not already done so. IF NO, thank participant for his time and end session].

[TURN ON TAPE RECORDER AND STATE COUPON NUMBER].

PRE-INTERVIEW CHECKLIST:	
_____	Collected coupon
_____	Wrote coupon number on page 1 of interview guide
_____	Obtained signed consent form
_____	Gave participant copy of consent form
_____	Obtained permission to tape record interview
_____	Turned on tape recorder and stated coupon number, if applicable



[If all steps are complete, you may begin the interview.]

Over the next hour or so, I'm going to be asking you questions about your life, what groups you hang out with, where you go and what you do. Some of these questions will be quite personal. I want to reassure you that what you tell me will be kept completely confidential. If at any time you don't feel like answering certain questions or you don't want to continue with the interview, just let me know. Are you ready to get started?

A. Demographics

First, I'd like to ask you a few questions to get to know you better.

A1. How old are you? _____ Age

A2. What is the highest grade or level of school that you have completed?

- | | |
|--|---|
| <input type="checkbox"/> 8 th grade or less [01] | <input type="checkbox"/> Some college/2-year degree [04] |
| <input type="checkbox"/> Some high school, but did not graduate [02] | <input type="checkbox"/> 4-year college graduate [05] |
| <input type="checkbox"/> High school graduate/GED [03] | <input type="checkbox"/> More than 4-year college degree [06] |

A3. Are you currently in school?

- ☐ No [02] **Skip to A5**
- ☐ Yes [01]

A4. What is your grade level or year?

Middle School

- ☐ 6th grade [01]
- ☐ 7th grade [02]
- ☐ 8th grade [03]

High School

- ☐ 9th grade/freshman [04]
- ☐ 10th grade/sophomore [05]
- ☐ 11th grade/junior [06]
- ☐ 12th grade/senior [07]

College/Vocational School

- ☐ 1st year/freshman [08]
- ☐ 2nd year/sophomore [09]
- ☐ 3rd year/junior [10]
- ☐ 4th year/senior [11]

- ☐ 5th+ year/senior [12]

Post-baccalaureate

- ☐ Master's program [13]
- ☐ PhD program [14]

A5. Which of the following best describes your gender identity?

- ☐ Male [01]
- ☐ Female [02]
- ☐ Male to Female Transgender [03]
- ☐ **Other (describe)** [08] _____
- ☐ **Don't know/not sure** [77]
- ☐ **Refused** [99]

A6. Which of the following words best describes your sexual identity?

☐ Gay [01]

☐ Bisexual [02]

☐ Heterosexual (straight) [03]

☐ **Other (describe)** [08] _____

☐ **Don't know/not sure** [77]

☐ **Refused** [99]

A7. How does being (*gay, bisexual, transgender, heterosexual, other, not sure* [see A6]) affect:

a. how people treat you?

b. how you feel about yourself?

c. your risk of exposure to HIV?

B. Your African American Community

Now I'd like to ask you some questions about the communities and groups that you are a part of. Let's start with the African American community.

B1. How does being an African American man (*woman* [SEE A5]) affect:

a. how people treat you in general?

[Probe: *How does being an African American affect how you have been treated in school, at work, or other places?*]

b. how you feel about yourself?

c. how you feel about having sex with men?

d. how sex partners treat you?

e. your risk of exposure to HIV?

C. Your Place of Worship

C1. Have you ever been a member of a place of worship?

☐ No [02] **Skip to Section D**

☐ Yes [01]

C2. Are you a member of a place of worship now?

☐ No [02] **If No:** Why are you no longer a member of that place of worship?

☐ Yes [01]

C3. What have you heard in your [current/former] place of worship about HIV/AIDS?

[Probes: *Why do people get HIV? Who is likely to get HIV?*]

C4. What have you heard in your [current/former] place of worship about homosexuality?

C5. How supportive or unsupportive is your [current/former] place of worship of who you are?

D. Your Family

Now I would like to talk to you about your family.

D1. Who do you think of when you think about your family?

Probes: [*Are these people biologically related to you or are they a family of choice?*]

D2. How would you describe your relationship with your family?

D3. What have you heard in your family about homosexuality?

D4. Is your family supportive or unsupportive of who you are?

E. Your GLBTQ Community

E1. Are you part of a gay, lesbian, bisexual, transgender, intersex, queer, questioning (GLBTIQQ) or any other sexual minority community?

☐ No [02] **SKIP TO F1**

☐ Yes [01]

E2. Do you feel supported or unsupported by this community?

[Probes: *Do you feel welcomed or unwelcomed? Included or excluded? Respected or disrespected?*]

F. YAAMSM

F1. Who are the groups that you hang out with the most (*for example, the house or ball crowd*)?

F2. How did you first become part of these groups [SEE GROUPS NAMED IN F1]?

F3. Where do you usually hang out? (*Please select all that apply*)

☐ Bars

☐ Private parties

☐ Clubs

☐ Parks

☐ The gym

☐ Restaurants/Coffee Shops

☐ *Other (specify)* _____

F4. What health issues are members of these groups [SEE GROUPS NAMED IN F1] talking about?

F5. How do members of these groups [SEE GROUPS NAMED IN F1] learn about how to take care of their health (*for example, the Internet, magazines, word of mouth, etc.*)?

F6. In your opinion, what are the best ways of reaching these groups [SEE GROUPS NAMED IN F1] with health information (TV, Internet, magazines, etc.)?

F7. Thinking about your African American community, your place of worship, your family, your GLBTIQQ community and your peer group(s):

a. In which do you feel the *most* safe, protected and respected? Why?

b. In which do you feel the *least* safe, protected and respected? Why?

Next, I'd like to ask you some questions about the important or influential people in your life.

G1. Who are the role models or mentors in your life?

[Probe: *How did they become your mentor?*]

G2. What makes them your role models or mentors?

G3. How do your role models or mentors influence the choices you make or the things you do?

We all need to turn to others from time to time for support or help of one kind or another. I'd like to ask you some questions about the people in your life who can give you such support or help. **[SHOW CARD H; Check all responses that apply.]**

	CHECK ALL THAT APPLY							
	Mother	Father	Other Adult Relative (Grandmother, Aunt, Uncle)	Sister	Brother	Friend	Other Adult, Not Relative (Teacher, Coach, Boss)	Other
H1. Who would you talk to if you wanted to talk about things that are very personal and private, or if a situation came up where you needed some advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H2. Who are the people who would give up some of their time and energy to help you – things like driving you someplace you needed to go, helping you do some work, going to the store for you and things like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H3. If you needed to borrow \$25 or something valuable, who are the people who would lend or give you \$25 or something valuable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H4. Who are the people who you could expect to let you know when they like your ideas or the things that you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H5. Who are the people that you could get together with to have fun or to relax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H6. Who are the people who you could go to for information about sex, birth control, AIDS, and so on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H7. Who are the people you would go to for information about drugs and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:
H8. Who are the people you feel safe talking to about having sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:	<input type="checkbox"/> Describe:

Now I'd like to ask you a few questions about your employment and housing situation.

I1. Do you currently have a job for which you are paid (including being paid under the table or paid in cash)?

☐ No [02] **Skip to I4**

☐ Yes [01]

☐ **Refused** [99]

I2. In an average week, how many hours do you work at a job *outside the home*? If you have more than one job, combine the hours for all jobs to make a total number of hours worked per week.

Hours: _____

I3. How much money, from all sources combined, did you receive last month?

\$ _____ **Skip to I5**

I4. There are lots of reasons why people don't have jobs. Some are in school; others may have had trouble finding a job. What are the main reasons why you are not currently working?

☐ In school

☐ Transportation

☐ Could not find a job

☐ Laid off or fired

☐ Disability or health-related problems

☐ **Other** (explain) _____

I5. What is your current housing situation?

☐ Live at home with parents [01]

☐ Live at the home of other relatives (e.g., grandparents, aunt/uncle, etc.) [02]

☐ Rent a dorm room [03]

☐ Rent an apartment/house/condominium [04]

☐ Own a house/condominium [05]

☐ Rent a motel room [06]

☐ Couch or bed surf in friends' or relatives' houses [07]

☐ Sleep in car or homeless shelter [08]

☐ Sleep in park, on the street, or in abandoned buildings or houses [09]

☐ **Other** (describe) [10]_____

Now I'd like to ask you some questions about your use of healthcare services.

J1. Where do you **usually** go when you need health services? [READ EACH LOCATION IN TABLE BELOW.]

J2. [For each type of health service mentioned]:

- a. How safe or unsafe do you feel using those services? **[SHOW CARD J2; Enter response in table below.]**
- b. Why do you feel safe or unsafe using those services? **[Enter response in table below.]**

Location	Safe/Unsafe				Why safe/unsafe
	Very Unsafe [01]	Unsafe [02]	Safe [03]	Very Safe [04]	
<input type="checkbox"/> Private doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Public health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> School or college health center or school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hospital or emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Now I want to talk about what you have heard about HIV and AIDS.

K1. What are some different ways of getting HIV?

K2. What kinds of treatment are available for HIV and AIDS?

K3. On a scale of 1 to 5, with 1 being not at all a problem and 5 being a very serious problem, how serious of a problem is HIV for YAAMSM? _____ **[SHOW CARD K3]**

K4. On a scale of 1 to 5, with 1 being not at all worried and 5 being very worried, how worried are your friends about becoming HIV positive? _____ **[SHOW CARD K4]**

K5. On a scale of 1 to 5, with 1 being the lowest priority and 5 being the highest priority, how much of a priority is preventing yourself or preventing your sex partners from becoming HIV infected? _____ **[SHOW CARD K5]**

K6. [If K5 is less than 5]: What are higher priorities for you?

L. HIV/STD Testing Knowledge & Experiences

L1. Tell me what you have heard about HIV testing and how it works.

L2. Have you ever been tested for HIV?

☐ No [02] **Skip to L4**

☐ Yes [01]

☐ **Refused** [99]

L3. What kinds of experiences have you had with HIV testing?

L4. If you were to be tested in the future, where would you prefer to be tested?

L5. Are some locations safer? Why?

L6. If you were to be tested in the future, which type of test would work best for you? Why?

L7. Have you ever had an STD screening?

☐ No [02] **Skip to Section M**

☐ Yes [01]

☐ ***Refused*** [99]

L8. What kinds of experiences have you had with STD testing?

M. Safer Sex

Now I'd like to talk about ways of staying safe and avoiding HIV infection.

M1. What is the hardest thing about maintaining safer sex all the time?

M2. Who are the people who influence your decisions about practicing safer sex?

M3. In what ways do they influence your decisions about practicing safer sex?

M4. Does your economic or housing situation affect your ability to practice safer sex? If so, how?

N. Condom Use (DeHart and Birkimer, 1997)

Now I'd like to talk about how you feel about using condoms. I'm going to read you a list of statements. Tell me how much you agree or disagree with each statement. **[SHOW CARD N]**

	Strongly disagree [01]	Disagree [02]	Neutral [03]	Agree [04]	Strongly agree [05]
N1. It is a hassle to use condoms. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N2. People can get the same pleasure from "safer" sex as from unprotected sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N3. Using condoms interrupts sex play. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N4. The proper use of a condom could enhance sexual pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N5. Condoms are irritating. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N6. I think "safer" sex would get boring fast. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N7. "Safer" sex reduces the satisfaction of sex. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N8. The idea of using a condom doesn't appeal to me. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N9. Condoms ruin sex. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N10. Generally, I am in favor of using condoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N11. Condoms interfere with romance. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N12. The sensory aspects (smell, touch, etc.) of condoms make them unpleasant. [R]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have a few more questions about your attitudes toward condoms.

N14. Is the brand of the condom important?

☐ No [02] **Skip to N16**

☐ Yes [01]

N15. What brands do you think are best? Why?

Now I'd like to talk with you about your recent sex life--things like who your partners were, and what you did with them. We'll be talking about some really personal things but remember: everything you tell me is confidential and there are no right or wrong answers.

Before we get into the specifics, let's briefly go over the definitions of some terms that I'm going to be using, so that we're sure that we're using them in the same way. This may be helpful to you in answering the questions that I will be asking.

When I say:

Vaginal Sex:

Receptive Anal Sex:

Receptive Oral sex:

Insertive Anal Sex:

I mean:

When a male inserts *his* penis into a female's vagina.

Bottom or when a male puts *his* penis into your anus or butt.

When a male puts *his* penis into your mouth.

Top or when you put *your* penis into the anus or butt of your partner.

OK. Do you have any questions? Remember, if at any time you are unsure about any of the terms that I use, please ask me about it. Are you ready?

O1. First, how old were you the first time you had vaginal, anal or oral sex? _____ Age

O2. During the past 12 months, have you had sex?

☐ No [02] **Skip to Section P on page 26**

☐ Yes [01]

☐ **Refused** [99] **Skip to Section P on page 26**

O3. During the past 12 months, with how many people have you had sex?

☐ Number of people: _____

☐ Don't Know/Not Sure [77]

☐ **Refused** [99] **Skip to Section P on page 26**

O4. During the past 12 months, have you had sex with only males, only females, or with both males and females?

☐ Only males [01]

☐ Only females [02]

☐ Both males and females [03]

☐ **Refused** [99]

O5. Thinking back to the last time you had sex, did you or your partner use a condom?

☐ No [02]

☐ Yes [01]

☐ **Refused** [99]

Now I'd like you to take a moment to think back about your sex life during the **past 90 days [SHOW 90-DAY CALENDAR]**—that is, since [date]. I'm going to ask you some questions about the sex you have had during that period.

O6. Did you have vaginal, anal or oral sex with anyone during the past 90 days?

☐ No [02]

☐ Yes [01] **Skip to O8**

☐ **Refused** [99] **Skip to O48**

O7. IF NO: So you did not have vaginal, anal, oral sex between (DATE) and today?

☐ No, I had no sex [02] **Skip to O48**

☐ Yes, I did have sex [01]

O8. How many people have you had vaginal or anal sex with in the last 90 days, that is, since [date]?

_____ Number of people

O9. How many of these partners were male?

_____ Number of males

O10. How many of these partners were female?

_____ Number of females

O11. How many times did you have vaginal sex in the last 90 days?

_____ Number of times **[If 0 (zero), skip to O13]**

O12. In the last 90 days, how often did you use condoms when you had vaginal sex? **[SHOW CARD O12]**

☐ Never [01]

☐ Rarely (less than half time) [02]

☐ Some of the time (about half the time) [03]

☐ Most of the time (more than half the time) [04]

☐ All of the time [05]

O13. How many times did you have anal sex in the last 90 days?

_____ Number of times **[If 0 (zero), skip to O15]**

O14. In the last 90 days, how often did you use condoms when you had anal sex? **[SHOW CARD O12]**

☐ Never [01]

☐ Rarely (less than half time) [02]

☐ Some of the time (about half the time) [03]

☐ Most of the time (more than half the time) [04]

☐ All of the time [05]

O15. How many times did you have oral sex in the last 90 days?

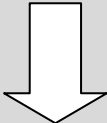
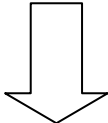
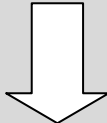
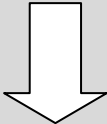
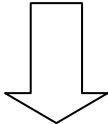
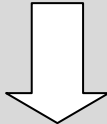
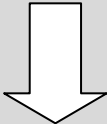
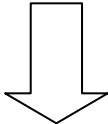
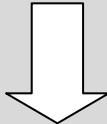
_____ Number of times **[If 0 (zero), skip to O17]**

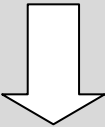
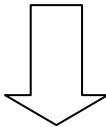
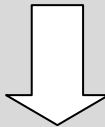
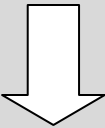
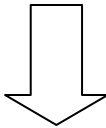
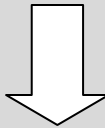
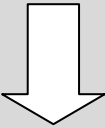
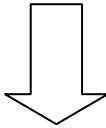
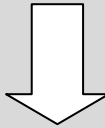
O16. In the last 90 days, how often did your partner(s) ejaculate (cum) in your mouth when you had receptive oral sex? **[SHOW CARD O12]**

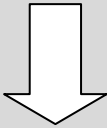
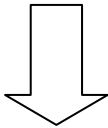
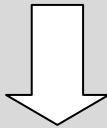
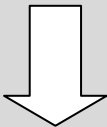
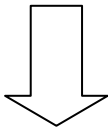
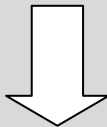
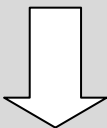
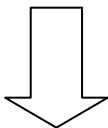
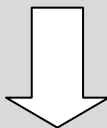
- ☐ Never [01]
- ☐ Rarely (less than half time) [02]
- ☐ Some of the time (about half the time) [03]
- ☐ Most of the time (more than half the time) [04]
- ☐ All of the time [05]

Now I'd like to make a list of the people you've had sex with in the past 90 days. Let's start with the person you had sex with most recently. Please use their first names, initials, or just make up a name, so that I will know how to refer to them.

	Partner 1: _____	Partner 2: _____	Partner 3: _____
Now I'm going to ask you some questions about this/these partner(s). Let's start with [name of first partner listed]. [Answer each question for one partner at a time going down the columns.]			
O17. Is [PARTNER] male or female? [Make note if partner is transgender]	<input type="checkbox"/> Male [01] <input type="checkbox"/> Female [02]	<input type="checkbox"/> Male [01] <input type="checkbox"/> Female [02]	<input type="checkbox"/> Male [01] <input type="checkbox"/> Female [02]
O18. How old is [PARTNER]? If you don't know [his/her] exact age, it's okay to guess.	_____	_____	_____
O19. What is [PARTNER's] race?	<input type="checkbox"/> African American [01] <input type="checkbox"/> White [02] <input type="checkbox"/> Hispanic/Latino [03] <input type="checkbox"/> Asian/Pacific Islander [04] <input type="checkbox"/> Native American [05] <input type="checkbox"/> Other [08] <input type="checkbox"/> DK [77]	<input type="checkbox"/> African American [01] <input type="checkbox"/> White [02] <input type="checkbox"/> Hispanic/Latino [03] <input type="checkbox"/> Asian/Pacific Islander [04] <input type="checkbox"/> Native American [05] <input type="checkbox"/> Other [08] <input type="checkbox"/> DK [77]	<input type="checkbox"/> African American [01] <input type="checkbox"/> White [02] <input type="checkbox"/> Hispanic/Latino [03] <input type="checkbox"/> Asian/Pacific Islander [04] <input type="checkbox"/> Native American [05] <input type="checkbox"/> Other [08] <input type="checkbox"/> DK [77]
O20. Is [PARTNER] [SHOW CARD O20] : <ul style="list-style-type: none"> ▪ A regular partner--that is, someone with whom you have had an ongoing relationship and who you have sex with often--like a spouse, lover, or boyfriend or girlfriend? ▪ A casual partner--that is, someone with whom you have sex occasionally? ▪ Someone with whom you had sex one time and don't plan to have sex with again? 	<input type="checkbox"/> Regular [01] <input type="checkbox"/> Casual [02] <input type="checkbox"/> One time [03]	<input type="checkbox"/> Regular [01] <input type="checkbox"/> Casual [02] <input type="checkbox"/> One time [03]	<input type="checkbox"/> Regular [01] <input type="checkbox"/> Casual [02] <input type="checkbox"/> One time [03]
O21. When did you first have sex with [PARTNER]?	<input type="checkbox"/> Within the past 90 days [01] <input type="checkbox"/> More than 90 days ago [02] [GO TO PARTNER2]	<input type="checkbox"/> Within the past 90 days [01] <input type="checkbox"/> More than 90 days ago [02] [GO TO PARTNER3]	<input type="checkbox"/> Within the past 90 days [01] <input type="checkbox"/> More than 90 days ago [02] [GO TO NEXT PAGE]

	Partner 1: _____	Partner 2: _____	Partner 3: _____
Now I'd like to talk with you about the kinds of sex that you've had during the past 90 days. I'm going to ask you some questions about the kinds of sex you have had with each of the partners that you've told me about.			
VAGINAL SEX. [IF THE PARTNER IS MALE OR TRANSGENDER, SKIP TO INSERTIVE ANAL SEX].			
O22. Thinking back over the past 90 days, did you have vaginal sex with [PARTNER]?	<input type="checkbox"/> No [02] Skip to insertive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to insertive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to insertive anal sex. <input type="checkbox"/> Yes [01] 
O23 How many times?	_____ Number of times	_____ Number of times	_____ Number of times
O24. Of those [NUMBER] times, did [(you/she)] ever use a condom?	<input type="checkbox"/> No [02] Skip to O26. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O26. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O26. <input type="checkbox"/> Yes [01] 
O25. How many times?	_____ Number of times	_____ Number of times	_____ Number of times
O26. Of those [NUMBER] times that you had vaginal sex with [PARTNER], did you or [PARTNER] ever use drugs or alcohol?	<input type="checkbox"/> No [02] Skip to insertive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to insertive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to insertive anal sex. <input type="checkbox"/> Yes [01] 
O27. How many times?	_____ Number of times [GO TO INSERTIVE ANAL SEX]	_____ Number of times [GO TO INSERTIVE ANAL SEX]	_____ Number of times [GO TO INSERTIVE ANAL SEX]

	Partner 1: _____	Partner 2: _____	Partner 3: _____
INSERTIVE ANAL SEX. [ASK THE QUESTIONS ON THIS PAGE FOR ALL SEXUAL PARTNERS].			
O28. Thinking back over the past 90 days, did you have insertive anal sex with [PARTNER]?	<input type="checkbox"/> No [02] Skip to receptive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to receptive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to receptive anal sex. <input type="checkbox"/> Yes [01] 
O29. How many times?	_____ Number of times	_____ Number of times	_____ Number of times
O30. Of those [NUMBER] times, did you ever use a condom?	<input type="checkbox"/> No [02] Skip to O32. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O32. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O32. <input type="checkbox"/> Yes [01] 
O31. How many times?	_____ Number of times	_____ Number of times	_____ Number of times
O32. Of those [NUMBER] times that you had insertive anal sex with [PARTNER], did you or [PARTNER] ever use drugs or alcohol?	<input type="checkbox"/> No [02] Skip to receptive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to receptive anal sex. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to receptive anal sex. <input type="checkbox"/> Yes [01] 
O33. How many times?	_____ Number of times [IF PARTNER1 IS FEMALE, GO TO O22 FOR PARTNER2. IF PARTNER1 IS MALE, GO TO RECEPTIVE ANAL SEX.]	_____ Number of times [IF PARTNER2 IS FEMALE, GO TO O22 FOR PARTNER3. IF PARTNER2 IS MALE, GO TO RECEPTIVE ANAL SEX.]	_____ Number of times [IF PARTNER3 IS FEMALE, GO TO O40. IF PARTNER3 IS MALE, GO TO RECEPTIVE ANAL SEX.]

	Partner 1: _____	Partner 2: _____	Partner 3: _____
RECEPTIVE ANAL SEX. [IF THE PARTNER IS FEMALE, SKIP THIS SECTION].			
O34. Thinking back over the past 90 days, did you have receptive anal sex with [PARTNER]?	<input type="checkbox"/> No [02] Skip to O40. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O40. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O40. <input type="checkbox"/> Yes [01] 
O35. How many times?	_____ Number of times	_____ Number of times	_____ Number of times
O36. Of those [NUMBER] times, did he ever use a condom?	<input type="checkbox"/> No [02] Skip to O38. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O38. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O38. <input type="checkbox"/> Yes [01] 
O37. How many times?	_____ Number of times	_____ Number of times	_____ Number of times
O38. Of those [NUMBER] times that you had receptive anal sex with [PARTNER], did you or [PARTNER] ever use drugs or alcohol?	<input type="checkbox"/> No [02] Skip to O40. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O40. <input type="checkbox"/> Yes [01] 	<input type="checkbox"/> No [02] Skip to O40. <input type="checkbox"/> Yes [01] 
O39. How many times?	_____ Number of times [IF ONLY ONE PARTNER, GO TO O40. IF TWO PARTNERS, GO TO O22 FOR PARTNER2.]	_____ Number of times [IF ONLY TWO PARTNERS, GO TO O40. IF THREE PARTNERS, GO TO O22 FOR PARTNER3.]	_____ Number of times [GO TO O40.]

O40. [IF 3 OR FEWER PARTNERS ARE REPORTED IN THE LAST 90 DAYS (SEE O8) SKIP TO O48.] Now I'd like to ask you some questions about the other [number] people you had sex with in the past 90 days. First, did you have vaginal sex with any of these partners?

☐ No [02] **Skip to O48**

☐ Yes [01]

O41. [IF YES] All together, how many times?

_____ Number of times

O42. On those occasions, how frequently did you use condoms? **[SHOW CARD O42]**

☐ Never [01]

☐ Rarely [02]

☐ Sometimes [03]

☐ Often [04]

☐ Always [05]

O43. Did you have anal sex with any of these other partners?

☐ No [02] **Skip to O46**

☐ Yes [01]

O44. [IF YES] All together, how many times?

_____ Number of times

O46. Of those [NUMBER] times, did you or your partner(s) ever use condoms?

☐ No [02] **Skip to O48**

☐ Yes [01]

O47. How many times?

_____ Number of times

O48. During this past year, were you ever given drugs, money, food, clothes or a place to stay by a man in exchange for sex?

☐ No [02] **Skip to Section P**

☐ Yes [01]

O49. How many times?

_____ Number of times

O50. On those occasions, how frequently did you use condoms? **[SHOW CARD O50]**

- ☐ Never [01]
- ☐ Rarely [02]
- ☐ Sometimes [03]
- ☐ Often [04]
- ☐ Always [05]

P. Substance Use

Now I would like to ask you some questions about alcohol and drug use. How many times have you used the following substances in the last 90 days (3 months)? If you haven't used the substances mentioned, just say "never." **[SHOW CARD P]**

	Never [01]	Less than once a month [02]	Once a month [03]	Past 90 days 2-3 times a month [04]	Once a week [05]	2-6 times a week [06]	Daily [07]	Refused [99]
P1. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P2. Marijuana (Pot, Herb, Weed) or Hashish (Hash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3. Powdered Cocaine (Coke, Snow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P4. Crack/Freebase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P5. Inhalants (Poppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6. Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P7. Ketamine (K, Special K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P8. Hallucinogens (LSD, Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P9. PCP (Angel Dust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P10. Heroin (H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P11. Uppers/stimulants (Speed, Meth, Crystal, Ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P12. Valium/Librium/Xanax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P13. Opioids (Codeine, Opium OxyContin, Percodan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P14. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ALL ANSWERS ARE 'NEVER' OR RESPONDENT ONLY USED ALCOHOL OR MARIJUANA GO TO SECTION Q.

P15. Have you injected any drugs in the past 90 days?

☐ No [02] **Go to Section Q**

☐ Yes [01]

☐ **Refused** [99]

P16. How many times have you injected drugs in the last 90 days?

_____ Number of times

P17. When injecting drugs, how often did you share works (needles, syringes, etc.)? By share I mean either letting someone use your works or using works that belong to someone else? **[SHOW CARD P17]**

☐ Always [05]

☐ Often [04]

☐ Sometimes [03]

☐ Rarely [02]

☐ Never [01]

☐ **Not sure/DK** [77]

☐ **Refused** [99]

Q. Alcohol and Other Drug Abuse (Knight, Shrier, Bravender, Farfell, Bilt, & Schaffer, 1999)

I have a few more questions about your drug or alcohol use. For the following questions, please answer "yes" or "no."

	YES [01]	NO [02]
Q1. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Q2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
Q3. Do you ever use alcohol or drugs while you are by yourself (alone)?	<input type="checkbox"/>	<input type="checkbox"/>
Q4. Has anyone (parent, teacher, friend) ever thought you had a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Q5. Do you ever forget things you did while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Q6. Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Q7. Does alcohol or drug use cause your moods to change quickly, from happy to sad or vice versa?	<input type="checkbox"/>	<input type="checkbox"/>
Q8. Does your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Q9. Does your alcohol or drug use ever make you do something that you would not normally do-like breaking rules, missing curfew, breaking the law, or having sex with someone?	<input type="checkbox"/>	<input type="checkbox"/>

R. Depression (CES-D)

Now I'd like to talk to you about your emotions and how you have been feeling lately.

I am going to read you a list of some of the ways you may have felt or behaved. Please tell me how often you have felt this way during the past week. **[SHOW CARD R]**

	Rarely or None of the Time (Less than 1 day) [01]	Some or A little of the Time (1-2 days) [02]	Occasionally or a Moderate Amount of the Time (3-4 days) [03]	Most or All of the Time (5-7 days) [04]
R1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R4. I felt that I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R19. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S. Body Image

Now I'm going to read some statements that describe how you feel about yourself. For each statement, tell me how strongly you agree or disagree with it. **[SHOW CARD S]**

	Strongly Agree [04]	Agree [03]	Disagree [02]	Strongly Disagree [01]
S1. On the whole, I'm satisfied with my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2. At times I wish I could change the way my body looks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S3. I feel that I am physically attractive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T. Physical, Psychological, and Sexual Abuse

I'm going to read some statements that describe some experiences you may have had in the past. For each statement, tell me if anyone has ever done the following things to you. For each thing that has happened, tell me how old you were the first time it happened and what your relationship is to the person or people who did it. **[SHOW CARD T]**

	NO [02]	YES [01]	Age when this first happened	Relationship of person/people who have done this
T1. Have you ever been shot at, stabbed, struck, kicked, punched, slapped around or otherwise physically harmed?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T2. Have you ever been threatened with any kind of a weapon, like a knife, gun, baseball bat, frying pan, scissors, stick, rock or bottle?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T3. Has anyone ever threatened you in a face-to-face confrontation?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T4. Have you ever been actually assaulted with any kind of a weapon, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T5. Has anyone—male or female—ever forced or coerced you to engage in unwanted sexual activity? <i>[Probe: By unwanted sexual activity we mean oral or anal intercourse, or someone inserting an object or their fingers in your anus (butt).]</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T6. Other than what we just talked about, did anyone, male or female, ever	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former

	NO [02]	YES [01]	Age when this first happened	Relationship of person/people who have done this
<i>attempt to—but not actually—force you to engage in unwanted sexual activity?</i> <i>[Probe: By unwanted sexual activity we mean attempted oral or anal intercourse, or attempted insertion of their fingers or an object in your anus (butt)]</i>				sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T7. Has anyone ever tried to hurt your feeling intentionally by bringing up something bad that happened to you or that you had done in the past?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T8. Has anyone ever made you feel uncomfortable by keeping track of whom you were with and where you were?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T9. Has anyone ever ridiculed or made fun of you, in a non-playful way, in front of others?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T10. Has anyone ever intentionally insulted you with put-downs or name-calling?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other
T11. Has anyone ever threatened to stop supporting you financially?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Current or former sexual partner <input type="checkbox"/> Family member <input type="checkbox"/> Peer <input type="checkbox"/> Other

U. Additional Information

U1. That is all the questions I had for you today. Before we end the interview, is there anything else about young African American MSM and HIV that is important for us to know about or anything else that you would like to tell me?

Thank you so much for taking the time to answer my questions! **[IF ENROLLEMENT IS CLOSED, SKIP TO PAYMENT AT THE BOTTOM OF THE PAGE]**. Your participation in this study beyond the information you just shared with us is very important. It may help to increase the resources the state of Michigan devotes to preserving the health of young men like you. It may also improve the ability of the state of Michigan to prevent the spread of HIV among young African American men.

Here's how you can help. I'm going to give you three coupons. Please give each of these coupons to a young man who is:

- African American,
- between the ages of 13 and 24,
- lives in Michigan, and
- has sex with men.

Please ask these young men to contact us using the telephone number on the coupon. For each coupon returned to us, you will receive \$5.00. In addition, the young men to whom you give these coupons may be eligible to earn \$25.00 by participating in an interview.

[CONFIRM THE NUMBERS OF THE 3 COUPONS BELOW]:

COUPON 1: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

COUPON 2: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

COUPON 3: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Double check the coupon numbers to make sure they are accurate!

To pay you for the coupons that are returned to us, I will need to have a way to contact you. What would be the best way to contact you?

Phone Number 1: (____) _____ - _____

Phone Number 2: (____) _____ - _____

Email: _____

Other: _____

PAYMENT: Now, before you leave I need to give you your \$25 for participating in the interview. [HAND THE ENVELOP WITH MONEY TO THE PARTICIPANT. ASK THE PARTICIPANT TO SIGN THE REIMBURSEMENT VOUCHER, DATE IT, AND WRITE HOW MUCH MONEY WAS GIVENTO HIM].

Appendix Six. Detailed Sexual Behavior Data.

Sex Partner Characteristics*

		Partner 1 (N=155)		Partner 2 (N=85)		Partner 3 (N=43)	
Had a Partner		N	%	N	%	N	%
		155	86	85	47	43	24
Gender		N	%	N	%	N	%
	Male	148	96	82	97	39	91
	Female	7	5	3	4	4	9
Age							
	Range	14-44		16-37		15-37	
	Mean	23		23		23	
Age difference between respondent and partner							
	Mean years	3		2		2	
Race		N	%	N	%	N	%
	Black	118	76	67	79	30	70
	White	20	13	9	11	10	23
	Other	17	11	10	11	3	7
Partner Type		N	%	N	%	N	%
	Regular	92	59	27	32	9	21
	Casual	43	28	40	47	19	44
	One-time	20	13	18	21	15	35
First initiation of sex		N	%	N	%	N	%
	Past 90 Day	77	50	46	54	25	58
	90+	78	50	39	46	18	42

* Percentages do not add up due to rounding error

Sexual Behaviors by Partner

Vaginal sex by partner

Vaginal Sex	Partner 1 (N=6)		Partner 2 (N=3)		Partner 3 (N=4)	
	N	%	N	%	N	%
Vaginal Sex	6	4	3	4	4	9
	Range	Mean	Range	Mean	Range	Mean
Vaginal Sex Times	1-90	17	2-28	11	2-2	2
	N	%	N	%	N	%
Condom Use (Ever)	3	50	2	67	4	100
	Range	Mean	Range	Mean	Range	Mean
Condom Use (Amount)	2-2	2	1-1	1	2-2	2
	Range	mean	Range	mean	range	mean
Condom Use (Proportion)	100-100%	100%	29-50%	39%	100-100%	100%
	N	%	N	%	N	%
Drug/Alcohol Use (Ever)	3	50	3	100	1	25
	Range	Mean	Range	Mean	Range	Mean
Drug/Alcohol Use (Amount)	1-90	31	1-15	6	1-1	1
	Range	Mean	Range	Mean	Range	Mean
Drug/Alcohol Use (Proportion)	50-100%	83%	50-57%	54%	50-50%	50%

* Percentages do not add up due to rounding error

Insertive anal sex by partner

Insertive Anal Sex	Partner 1 (N=98)		Partner 2 (N=41)		Partner 3 (N=17)	
	N	%	N	%	N	%
Anal Sex	98	65	41	51	17	41
	Range	Mean	Range	Mean	Range	Mean
Anal Sex Times	1-180	12	1-20	4	1-10	3
	N	%	N	%	N	%
Condom Use (Ever)	78	80	31	76	14	82
	Range	mean	Range	mean	range	mean
Condom Use (Amount)	1-180	10	1-10	3	1-5	2
	Range	Mean	Range	Mean	Range	Mean
Condom Use (Proportion)	30-100%	91	50-100%	95%	20-100%	94%
	N	%	N	%	N	%
Drug/Alcohol Use (Ever)	42	43	17	43	6	38
	Range	Mean	Range	Mean	Range	Mean
Drug/Alcohol Use (Amount)	1-90	5	1-4	2	1-4	2
	Range	Mean	Range	Mean	Range	Mean
Drug/Alcohol Use (Proportion)	4-100%	57%	5-100%	70%	40-100%	76%

* Percentages do not add up due to rounding error

Receptive anal sex by partner

Receptive Anal Sex	Partner 1 (N=99)		Partner 2 (N=40)		Partner 3 (N=21)	
	N	%	N	%	N	%
Anal Sex	99	69	40	52	21	58
	Range	Mean	Range	Mean	Range	Mean
Anal Sex Times	1-89	11	1-30	3	1-35	5
	N	%	N	%	N	%
Condom Use (Ever)	77	79	34	85	18	90
	Range	mean	Range	mean	range	mean
Condom Use (Amount)	1-80	8%	1-27	4%	1-20	4
	Range	Mean	Range	Mean	Range	Mean
Condom Use (Proportion)	6-100%	90%	33-100%	93%	67-100%	97%
	N Yes	%Yes	N Yes	%Yes	N Yes	%Yes
Drug/Alcohol Use (Ever)	38	39	14	35	7	35
	Range	Mean	Range	Mean	Range	Mean
Drug/Alcohol Use (Amount)	1-89	9	1-7	3	1-7	2.5
	Range	Mean	Range	Mean	Range	Mean
Drug/Alcohol Use (Proportion)	4-100%	60%	7-100%	85%	36-100%	91%

* Percentages do not add up due to rounding error

Predictors of Sexual Risk

Table 1.

Logistic Regression Analysis Predicting Condom Use (N=144)

Variables	<i>B</i>	Wald	Odds Ratio	Sig.	95% CI	
					<i>Upper</i>	<i>Lower</i>
Gay vs. other	1.188	6.279*	3.28	.012	1.295	8.312
GLBTQ Affiliation	1.092	7.598**	2.98	.006	1.371	6.482
Forced Sex	-.949	5.338*	.387	.021	.173	.866
Condom Attitudes	.057	4.926*	1.06	.026	1.007	1.114
Substance Abuse	-.225	6.129*	.798	.013	.668	.954
Model Chi Square (df)	29.913 (5)**					
-2 Log Likelihood	168.351					
Nagelkerke R ²	.251					

*p<.05 **p<.01

Table 2.

Logistic Regression Analysis Predicting Oral Sex with Ejaculation (N=143)

Variables	<i>B</i>	Wald	Odds Ratio	Sig.	95% CI	
					<i>Upper</i>	<i>Lower</i>
Never vs. Current Church Member	2.212	12.741**	9.132	.000	2.711	30.762
Former vs. Current Church Member	1.309	7.734**	3.703	.005	1.472	9.317
Detroit vs. Outstate Residence	-.839	3.785**	.432	.000	.186	1.006
Model Chi Square (df)	19.513 (3)**					
-2 Log Likelihood	148.07					
Nagelkerke R ²	.185					

*p<.05 **p<.01